

N19 00000048129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

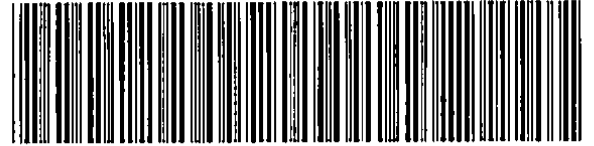
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Department of State  
 Division of Corporations  
 P. O. Box 6327  
 Tallahassee, FL 32314

SUBJECT: MAKACLOUD  
 (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
 Filing Fee

☒ \$78.75 *SW*  
 Filing Fee &  
 Certificate of  
 Status

☒ \$78.75  
 Filing Fee  
 & Certified Copy

☐ \$87.50  
 Filing Fee,  
 Certified Copy  
 & Certificate

ADDITIONAL COPY REQUIRED

FROM: Tiphaine Wilkie  
 Name (Printed or typed)

41042 Sunhawk blvd  
 Address

Tallahassee FL 32309  
 City, State & Zip

850 528 9058  
 Daytime Telephone number

stsmiami@hotmail.com  
 E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLE I NAME

The name of the corporation shall be:

MAKACLOUD INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4042 Sunhawk Blvd

Tallahassee

FL 32309

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

501(c)3 non profit for

Animals rescue, Abused and neglected animal

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

appointed by the president

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Tiphaine Wilkie

Name and Title:

Address

4042 Sunhawk Blvd

Address:

Tall FL 32309

528 9058

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Tiphaine Wilkie  
Address: 4042 Sunhawk Blvd  
Tallahassee FL 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tiphaine Wilkie  
Address: 4042 Sunhawk Blvd  
Tallahassee FL 32309


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature of Registered Agent

8219  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature of Incorporator

8219  
Date