

N20000007059

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FALLA RICHIE, FLORIDA

01 2020

Summary

COVER LETTER

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

SUBJECT: The M3 Mindset, Inc.
(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
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Charlene Diamond
Name (Printed or typed)

402 Jax Estates Dr N
Address

Jacksonville, FL 32218
City, State & Zip

904-962-3405
Daytime Telephone number

M3Mindset@gmail.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: The M3Mindset, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1179 Sunray Ct

Jacksonville, FL 32218

Mailing address, if different is:

P.O. Box 26274

Jacksonville, FL 32226

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide financial education and credit coaching to
establish a common understanding of what constitutes financial well-being, examining what specific
types of knowledge skills, behaviors, and personal attributes that help one achieve greater financial
success.

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

By the Board of Directors

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Antionette Mercer, CEO/Dir

Address 1179 Sunray Ct
Jacksonville, FL 32218

Name and Title: Charlene Diamond, COO/Dir

Address: 402 Jax Estates Dr N
Jacksonville, FL 32218

Name and Title: Sonya Hamm, CFO/Dir

Address 2564 Helton Ct
Buford, GA 30519

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Charlene Diamond

Address: 402 Jax Estates Dr N
Jacksonville, FL 32218

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Charlene Diamond

Address: 402 Jax Estates Dr N
Jacksonville, FL 32218


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

10-1-19

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

10-1-19

Date