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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2021 MAR 17 PM 5:35

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

INTERNATIONAL MASTERMIND ASSOCIATION,

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

INC.

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: \_\_\_\_\_

ANW McNEILL

Name (Printed or typed)

1450 N. mangonia Dr

Address

West Palm Beach, FL 33401

City, State & Zip

786 546 0184

Daytime Telephone number

IMAMASTERMINDERS@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: INTERNATIONAL MASTERMIND ASSOCIATION, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1450 N. MANGONIA Dr.  
West Palm Beach,  
FL 33401

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MASTERMIND ACCOUNTABILITY

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: in the by laws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: PRESIDENT  
ANN MCNEILL Name and Title: \_\_\_\_\_

Address: 1450 N. MANGONIA Dr.  
West Palm Beach  
FL 33401 Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

2021 MAR 17 PM 5:35

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: ANN MCNEILL  
Address: 1450 N. MANGONIA DR.  
WEST PALM BEACH, FL 33401

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ANN MCNEILL  
Address: 1450 N. MANGONIA DR.  
WEST PALM BEACH, FL 33401

**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

[Signature]  
Required Signature of Registered Agent

17 MARCH 2021  
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.

[Signature]  
Required Signature of Incorporator

17 MARCH 2021  
Date