N 22000002399

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



900381746799

03/11/22--01004--018 **78.75

ALI AHASSEF EVALUATION

MAR 1 : 2022

COVER LETTER

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

SUBJECT: MCGEVN HEVITAGE 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

□ **\$**87.50

ee & Filing Fee ate of & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Haley Mith
Name (Printed or typed)

2213 Fulva Dr.

Navarre, Fl 32566

850-982-4653
Daytime Telephone number

modern her itage co a 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 Protit)

The name of the corporation shall be: Mockey 17	eritage Inc.
ARTICLE II PRINCIPAL OFFICE	J
Principal <u>street</u> address: 2213 Fulva Dv	Mailing address, if different is:
Nicovarre, FL 32566	
The purpose for which the corporation is organized is: E	vent hosting planning to Dring e all cummitted to a specific
C'ause.	can commission to a specific
Name and Title: Haley Mett Co-Foluvder Address 214 Avigter Ave # 14 Fort Walton Beach, Fl 32548 Name and Title: Tia Miller Chief Financial Officer Address 151 Mary Esther Blvd. Suite 102	Tion of managers and officers Name and Title: Whitney Hancock Co-Founder Address: PO Box 311 Cruff Bireeze, FL 32562 Name and Title: Address:
Mary Esther, FL 32549 Name and Title:	Name and Title:
Address	<i>∾</i> ''
	· · · · · · · · · · · · · · · · · · ·

Name and Title:_		Name and Title:	
Address _		Address:	
_			
Name and Title:		Name and Title:	
Address _		Address:	14001-201-201-201-201-201-201-201-201-201-
_			
ARTICLE VI The name and FI	<u>REGISTERED AGENT</u> forida street address (P.O. B	ox NOT acceptable) of the registered agent	is:
Name:	Haley Mie		
Address:		Ave unit la	
	Fort Walton	Bench, FL 32548	
	INCORPORATOR Idress of the Incorporator is:		
Name:	Haley Miet	+	
Address:	216 Angler		
	Fort Walton	Beach, FL 32548	
ARTICLE VIII Effective date, if	EFFECTIVE DATE: other than the date of filing:	. (OPT be specific and cannot be more than fiv	TONAL)
		not meet the applicable statutory filing request Statute records	uirements, this date will not be listed a
Note: If the date	tive date on the Department	of State S records.	
Note: If the date document's effect	med as registered agent to a	accept service of process for the above sta	
Note: If the date document's effect	med as registered agent to a	accept service of process for the above sta	to act in this capacity
Note: If the date document's effect	med as registered agent to a	accept service of process for the above sta	
Note: If the date document's effective Having been not certificate, I am for a submit this document this document's effective Having been not certificate.	med as registered agent to a familiar with and accept the defendance of the land accept the defendance of the land affirm that the faction and affirm that the faction of the land affirm that the land affirm that the land affirm that the land accept the l	accept service of process for the above sta	to act in this capacity 3 - 11 - 22 Date uny false information submitted in a do