

N230000011320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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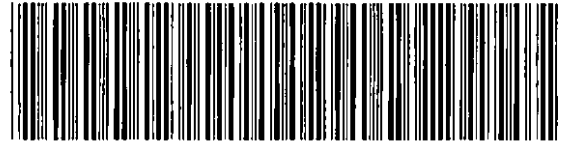
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 SEP - 1 PM 2:58
S. DEPT. OF STATE
TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: MAIDS OF LUNA, 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: Sylvia Galloway

Name (Printed or typed)

3517 Falling Brook Drive

Address

Pace, FL 32571

City, State & Zip

850-736-9790

Daytime Telephone number

sgallo2111@outlook.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: MAIDS OF LUNA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1765 E. Nine Mile Road, Suite 1, PMB #254
Pensacola, FL 32514

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To promote fun and fellowship for its members by holding an annual Mardi Gras Ball and other similar non-profitable purposes.

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

As set forth in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susan Williams, President

Name and Title: _____

Address 5656 Trevino Drive
Milton, FL 32570

Address: _____

Name and Title: Connie Rice, VP

Name and Title: _____

Address 5553 North Shore Drive
Pensacola, FL 32507

Address: _____

Name and Title: Sylvia Galloway, Treasurer

Name and Title: _____

Address 3517 Falling Brook Drive
Pace, FL 32571

Address: _____

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: Sylvia Galloway
Address: 3517 Falling Brook Drive
Pace, FL 32571

ARTICLE VII INCORPORATOR

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

Name: Sylvia Galloway
Address: 3517 Falling Brook Drive
Pace, FL 32571

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:

Sylvia Galloway
Required Signature of Registered Agent

August 24, 2023

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.

Sylvia Galloway
Required Signature of Incorporator

August 24, 2023

Date

DEPARTMENT OF STATE
TALLAHASSEE, FL

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