

TRANSMITTAL LETTER
P010000081992

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

SUBJECT: Mister More Money, Com, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300004538363--2
-08/16/01--01027--022
*****78.75 *****78.75

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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

Jean-Marie Fritz Boursiquot
Name (Printed or typed)

Post office Box 545
Address

Clarcona, FL 32710-0545
City, State & Zip

(407) 296-3464
Daytime Telephone number

FILED
01 AUG 16 PM 3:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

2
pay
8/24/01

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Mister More Money.Com, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7133 Hiawasse Oak Dr
Orlando, FL 32818

Mailing Address: P.O. Box 545

Clarcona, FL 32710

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Jean-Marie Fritz Boursiquet, Pres & Treasurer
Nerlande Thelemarque, V-Pres & Secretary

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: JEAN-MARIE FRITZ BOURSIQUET

7133 Hiawasse Oak Dr

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mister More Money.Com, Inc
Jean-Marie Fritz Boursiquet
7133 Hiawasse Oak Dr
Orlando, FL 32818

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/Registered Agent

Date

Signature/Incorporator

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA