

P03000013820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

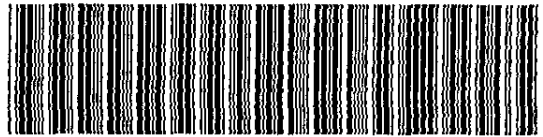
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: MWM & ASSOCIATES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: MICHAEL W. MOORE
Name (Printed or typed)

1148 WINFIELD FOREST DR.
Address

TALLAHASSEE, FL 32317
City, State & Zip

850-228-1967
Daytime Telephone number

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

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:

MWM AND ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1148 WINFIELD FOREST DR.
TALLAHASSEE, FL 32317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PROFIT CONSULTATION FIRM

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

MICHAEL W. MOORE - DIRECTOR
1148 WINFIELD FOREST DR.
TALLAHASSEE, FL. 32317

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

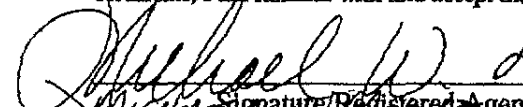
MICHAEL W. MOORE
1148 WINFIELD FOREST DR.
TALLAHASSEE, FL 32317

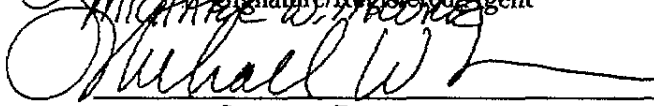
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL W. MOORE
1148 WINFIELD FOREST DR.
TALLAHASSEE, FL 32317

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


Signature/Incorporator
MICHAEL W. MOORE

12-29-02
Date
12-29-02
Date

03 JAN 29 PM 1:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA
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