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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TS 7/30/03

TRANSMITTAL LETTER

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

SUBJECT: MAK MAN MANAGEMENT, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: MICHAEL A. GONZALES
Name (Printed or typed)

P.O. Box 151472
Address

TAMPA, FL 33607
City, State & Zip

(813) 785-4167
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:

MAK MAN MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 151472 TAMPA, FL 33607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is:

10,000 SHARE NON-PAR

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MICHAEL A. GONSALES 12358 Withenidge Dr.
Tampa FL 33624

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ARTICLE VI REGISTERED AGENT

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

MICHAEL A. GONSALES 12358 Withenidge Dr.
Tampa, FL 33624

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL A. GONSALES 12358 Withenidge Dr.
Tampa FL 33624

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

Michael A. Gonsales
Signature/Registered Agent

7/21/03
Date

Michael A. Gonsales
Signature/Incorporator

7/21/03
Date