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TRANSMITTAL LETTER

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

BJECT: Maki	inIT, Inc.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
osed are an orig	rinal and one (1) copy of the ar	ticles of incorporation and	d a check for:
_			
\$70.00	□ \$78.75	☐ '\$78.75 °	\$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy
	& Cerumeate of Status	& Certified Copy	& Certificate of
			Status
		ADDITIONAL COPY REQUIRED	
FROM: R	. Scott Makin		
ricom.	Nam	e (Printed or typed)	
	8711 Thornwood Lane		
		Address	
	Tampa, Florida 33615		
		y, State & Zip	
		, , 	
	(813) 220-1162		
•		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: MakinIT, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 8711 Thornwood Lane, Tampa, Florida 33615

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Provision and Installation of Computer and Internet Resources

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

R. Scott Makin, 8711 Thornwood Lane, Tampa, Florida 33615

ARTICLE VI REGISTERED AGENT

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

R. Scott Makin, 8711 Thornwood Lane, Tampa, Florida 33615

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

R. Scott Makin, 87.11 Thornwood Lane, Tampa, Florida 33615

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

Date