

P04000029078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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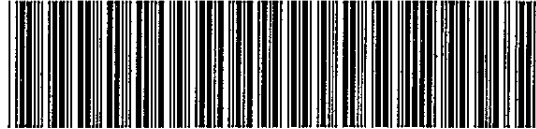
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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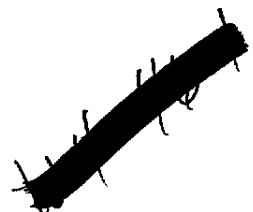
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01/22/04--01045--006 **78.75

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SECRETARY OF THE
TREASURY
FEDERAL RESERVE



5-2-13

TRANSMITTAL LETTER

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

SUBJECT: MYSON PUBLISHING, 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: Myson Publishing, Inc.
Name (Printed or typed)

8901 38th DRIVE Ste 107
Address

coral Springs, FL 33065
City, State & Zip

(954) 757-3109
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 3, 2004

MYSON PUBLISHING, INC.
8901 38TH DR
STE 107
CORAL SPRINGS, FL 33065

SUBJECT: MYSON PUBLISHING, INC.
Ref. Number: W04000004601

We have received your document for MYSON PUBLISHING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6884.

Shawn Logan
Document Specialist
New Filings Section

Letter Number: 704A00007121

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:

MYSON PUBLISHING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8901 38th DRIVE Ste 107
Coral Springs, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NEW BUSINESS - publishing

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ANTHONY SCALTA - PRESIDENT
210 174th Street #1915
Sunny Isles Beach, FL 33160

ARTICLE VI REGISTERED AGENT

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

KATARIN SZKARAS
875 RIVERSIDE DR. #724
Coral Springs, FL 33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANTHONY SCALTA
210 174th St #1915
Sunny Isles Beach, FL 33160

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

Katarin Szkaras
Signature/Registered Agent

Anthony Scalta
Signature/Incorporator

Katarin Szkaras

Feb 8-04
Date

2/8/04
Date

11/18/04

FILED
04 FEB 13 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FL 32304