

P05000058150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

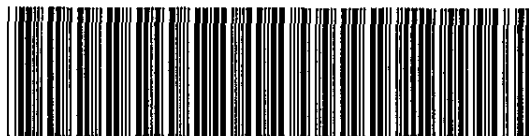
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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000050363140

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
05 APR 14 PM 2:47

D. Brown APR 20 2005

TRANSMITTAL LETTER

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

SUBJECT: MK APPLICATIONS CORP.

(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: STEPHEN J. KOLSKI, JR.

Name (Printed or typed)

2600 DOUGLAS ROAD, SUITE 1109

Address

CORAL GABLES, FL 33134

City, State & Zip

305-371-9575

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)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 APR 14 PM 2:48

ARTICLE I NAME

The name of the corporation shall be:

MK APPLICATIONS CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. Box 310536, Miami, FL 33231.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To register and license intellectual property, and all other lawful purposes.

ARTICLE IV SHARES

The number of shares of stock is:

6,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Milan Kristoff, P.O. Box 310536, Miami, FL 33231, Director, President, Treasurer and Secretary.

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

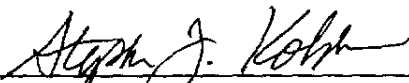
Stephen J. Kolski, 2600 Douglas Road, Suite 1109, Coral Gables, FL 33134.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Milan Kristoff, P.O. Box 310536, Miami, FL 33231

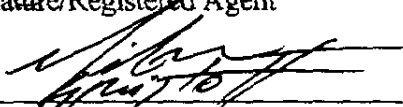
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

3/29/2005

Date



Signature/Incorporator

3/22/05
Date