

P0500006 11/4

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

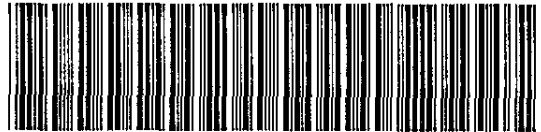
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05 APR 22 PM 3:44

CLERK OF COURT
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Mommies In Motion, 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: Katharine A. O'Donnell

Name (Printed or typed)

498 Fishtail Terrace

Address

Weston, FL 33327

City, State & Zip

954-258-5055

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:

Mommies In Motion, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

498 Fishtail Terrace
Weston, FL 33327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Transact any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Katharine A. O'Donnell - President/Director
498 Fishtail Terrace
Weston, FL 33327

Steven Sackos - Treasurer/Director
400 School Street
Stoughton, MA 02072

ARTICLE VI REGISTERED AGENT

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

Katharine A. O'Donnell
498 Fishtail Terrace
Weston, FL 33327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Katharine A. O'Donnell
498 Fishtail Terrace
Weston, FL 33327

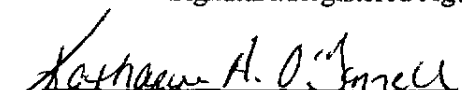
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Date



Signature/Incorporator



Date

FILED
05 APR 22 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA