

PD5000148327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

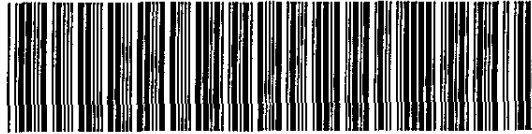
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900060859729

10/24/05--01020--022 **78.75

FILED
05 NOV - 7 PM 1:03
FBI - NEW YORK

[Handwritten signature]
11/7/

TRANSMITTAL LETTER

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

SUBJECT: _____MERIDEN MANAGEMENT INC. _____
(Proposed Corporation name – must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75	<input type="checkbox"/> \$122.50	<input type="checkbox"/> \$131.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate

FROM: Miriam R. Goldin, VP
Arnold S Goldin & Associates Inc.
5030 Champion Blvd. #G-6231
Boca Raton, FL 33496
1-800-873-1900

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 24, 2005

MIRIAM R. GOLDIN, P.A.
5030 CHAMPION BLVD.
#G-6231
BOCA RATON, FL 33496

SUBJECT: MERIDEN MANAAGEMENT INC..
Ref. Number: W05000048566

We have received your document for MERIDEN MANAAGEMENT INC..
However, the document has not been filed and is being returned for the following:

It appears the filing submitted has a typographical error in the entity name.
Please verify this name and all other information contained in the filing and
resubmit it for processing.

An effective date may be added to the Articles of Incorporation if a 2006 date is
needed, otherwise the date of receipt will be the file date. A separate article
must be added to the Articles of Incorporation for the effective date.

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) 245-6934.

Loria Poole
Document Specialist
NEW FILINGS

Letter Number: 705A00064504

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: MERIDEN MANAGEMENT INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5030 CHAMPION BLVD. #G-6285; BOCA RATON, FL 33496

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

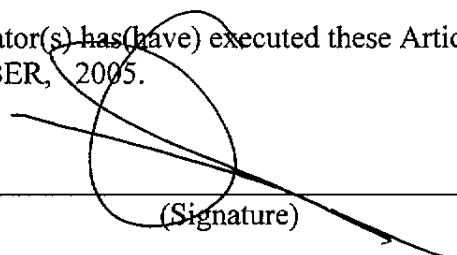
Arnold S. Goldin 5030 Champion Blvd. #G-6231, Boca Raton, FL 33496

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Arnold S. Goldin 5030 Champion Blvd. #G-6231, Boca Raton, FL 33496

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 1ST Day of NOVEMBER, 2005.


(Signature)

FILED
05 NOV -7 PM 1:03
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: MERIDEN MANAGEMENT INC.
2. The name and address of the registered agent and office is:

Arnold S. Goldin
5030 Champion Blvd. #G-6231
Boca Raton, FL 33496

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
05 NOV -7 PM 1:03
TALLAHASSEE, FLORIDA