

P060000081342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

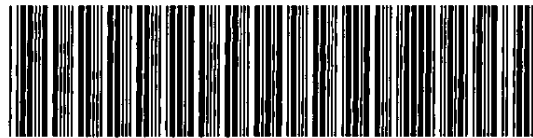
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓

## COVER LETTER

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

**SUBJECT:** Andrew Machart, 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:** Andrew Machart

Name (Printed or typed)

5987 Indigo Crossing Drive

Address

Rockledge, FL 32955

City, State & Zip

(407) 625-0977

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:

Andrew Machart, Inc.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

5987 Indigo Crossing Drive  
Rockledge, FL 32955

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To pursue any legal business in the state of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Andrew Machart  
President  
5987 Indigo Crossing Drive  
Rockledge, FL 32955

**ARTICLE VI REGISTERED AGENT**

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

Andrew Machart  
5987 Indigo Crossing Drive  
Rockledge, FL 32955

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Andrew Machart  
5987 Indigo Crossing Drive  
Rockledge, FL 32955

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*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

6-8-06  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

6-8-06  
\_\_\_\_\_  
Date