

PO6000092038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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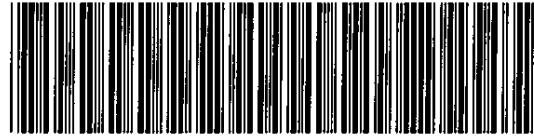
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Da

COVER LETTER

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

SUBJECT: MMCAP Incorporated
(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: Pierre Etienne
Name (Printed or typed)

5721 NW 62 Manor
Address

Parkland, FL 33067
City, State & Zip

954-316-2028
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:

MMCAP Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6299 W. Sunrise Boulevard, Suite 202
Sunrise, FL 33313

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For any and all lawful business purposes

ARTICLE IV SHARES

The number of shares of stock is:

5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Pierre Etienne - President
5721 NW 62 Manor
Parkland, FL 33067

ARTICLE VI REGISTERED AGENT

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

Pierre Etienne
5721 NW 62 Manor
Parkland, FL 33067

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Pierre Etienne
5721 NW 62 Manor
Parkland, FL 33067

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

Signature/Incorporator

Date

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA