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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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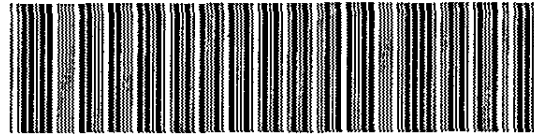
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: MOCEAN, 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: KATHERINE CHIPPEY

Name (Printed or typed)

423 SW 195TH AVENUE

Address

PEMBROKE PINES, FL 33029

City, State & Zip

(954) 696-3200

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:

MOCEAN, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

423 SW 195TH AVENUE
PEMBROKE PINES, FLORIDA 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL ACTIVITY

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):

KATHERINE CHIPPEY
423 SW 195TH AVENUE
PEMBROKE PINES, FLORIDA 33029
PRESIDENT, SECRETARY AND TREASURER

ARTICLE VI REGISTERED AGENT

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

KATHERINE CHIPPEY
423 SW 195TH AVENUE
PEMBROKE PINES, FLORIDA 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KATHERINE CHIPPEY
423 SW 195TH AVENUE
PEMBROKE PINES, FLORIDA 33029

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

Kat Chippey
Signature/Registered Agent

Jan. 21, 2007
Date

Kat Chippey
Signature/Incorporator

Jan. 21, 2007
Date

FILED
07 JAN 25 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA