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(Requestor's Name) (Address) (Address)	400088041284
(City/State/Zip/Phone #)	02/13/0701018011 **70.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	200 5.5 1.7.1
Special Instructions to Filing Officer.	DIFEB 13 PH 1:52
Office Use Only	

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# **COVER LETTER**

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

NMates INC MY SUBJECT: LUDE SUBFIX)

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

] \$70.00 ling Fee

S78.75 Filing Fee & Certificate of Status

\$78.75	\$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	<b>PPY REQUIRED</b>

of

Steven McCabe Name (Printed or typed) FROM: 14187 81st Ale N Address Seminole FL 33776 City, State & Zip 727-403-7488 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:

myINMates INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

14187 8154 Ave N

Seminole FL 33976

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Social & GAME Network

# ARTICLE IV SHARES

The number of shares of stock is: 1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

## ARTICLE VI REGISTERED AGENT

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

Steven McCabe 14187 814 Ave N seminore FL 33776

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Steven McCabe 14187 St St Ave N Seminole FL 31976

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

ignature/Registered Agent

Signature/Incorporator

FILED

2007 FEB 13 PM 1:52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2-7-07 Date 2-7-05 Date