

P07000051714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

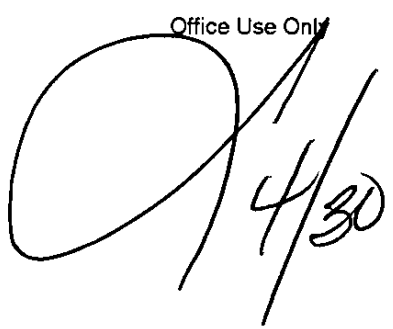
☐ PICK-UP ☐ WAIT ☐ MAIL

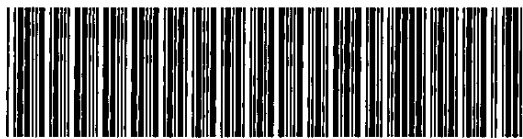
(Business Entity Name)

(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: M Mowry Enterprises 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: MAUREEN MOWRY
Name (Printed or typed)

4865 Shellstream Blvd.
Address

New Port Richey FL 34652
City, State & Zip

(727) 992-9808
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:

M Mowry Enterprises INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4865 Shellstream Blvd
New Port Richy Fl 34652

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit Corp

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):

MAUREEN MOWRY Pres.
4865 Shellstream Blvd.
New Port Richy Fl 34652

ARTICLE VI REGISTERED AGENT

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

MAUREEN MOWRY
4865 Shellstream Blvd.
New Port Richy Fl 34652

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MAUREEN MOWRY
4865 Shellstream Blvd.
New Port Richy Fl 34652

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

Maureen Mowry

Signature/Registered Agent

Maureen Mowry

Signature/Incorporator

4/23/07

Date

4/23/07

Date

2007 APR 27 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA