

P07000063606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

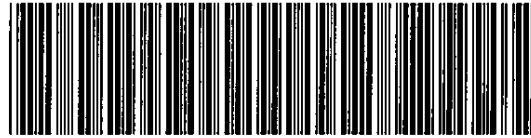
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/29/07--01036--017 **87.50

FILED
2007 MAY 29 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: MOROX International Corporation
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **Monique R. Graciotti**

Name (Printed or typed)

3000 Coral Way Suite #404

Address

Coral Gables, Florida 33145

City, State & Zip

305.444.8737

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:

~~MoRoX~~
~~MoRoX~~ International Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3000 Coral Way
Suite #404
Coral Gables, FL 33145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Corporation is organized for the purpose of transacting any or all lawful business for corporations organized under the Florida Business Act of the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

The aggregate number of stock which the Corpoartion shall have the authority to issue is Ten (10) million shares of common stock, par value \$.001 per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Monique R. Graciotti - Director
3000 Coral Way
Suite#404
Coral Gables, FL 33145

ARTICLE VI REGISTERED AGENT

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

Monique R. Graciotti
3000 Coral Way
Suite#404
Coral Gables, FL 33145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Monique R. Graciotti
3000 Coral Way
Suite #404
Coral Gables, FL 33145

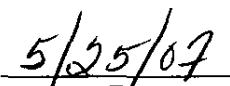
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

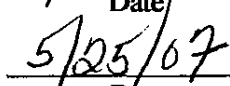


Signature/Registered Agent



Signature/Incorporator



Date


Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA