

PO 700009524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

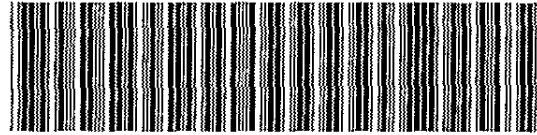
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 AUG 24 PM 4:32

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COVER LETTER

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

SUBJECT: MAKE IT OFFICIAL, 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: GREGORY G. FARRELLY
Name (Printed or typed)

506 LOUISA STREET
Address

KEY WEST, FL 33040-3106
City, State & Zip

(305)293-8587
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:

MAKE IT OFFICIAL, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

926 1/2 VIRGINIA STREET
KEY WEST, FL 33040-3282

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is:

100 COMMON SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

EILEEN M. QUINN	926 1/2 VIRGINIA STREET	PRESIDENT
	KEY WEST, FL 33040-3282	

ARTICLE VI REGISTERED AGENT

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

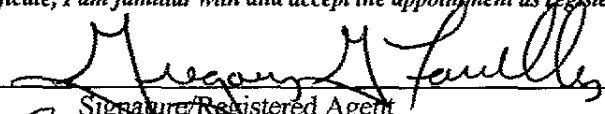
GREGORY G. FARRELLY
CATALFOMO & FARRELLY
506 LOUISA STREET
KEY WEST, FL 33040

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EILEEN M. QUINN	926 1/2 VIRGINIA STREET
	KEY WEST, FL 33040-3282

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

08/16/07
Date



Signature/Incorporator

8/16/07
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA