

PD7000/00876

(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

MRS
9/11

COVER LETTER

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

SUBJECT: Make One Stop, 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: Hegiesajuriorge Soto

Name (Printed or typed)

3936 S. Semoran Blvd. Unit 332

Address

Orlando, FL 32822

City, State & Zip

321-278-4222

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 One Stop, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3936 S. Semoran Blvd #332
Orlando, FL 32822

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct any and all lawful business.

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):

Hegiesajuriorge Soto
3936 S. Semoran Blvd #332
Orlando, FL 32822

ARTICLE VI REGISTERED AGENT

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

Hegiesajuriorge Soto
3936 S. Semoran Blvd #332
Orlando, FL 32822

ARTICLE VII INCORPORATOR

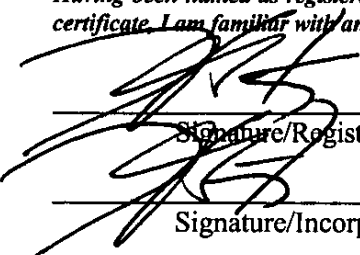
The name and address of the Incorporator is:

Hegiesajuriorge Soto
3936 S. Semoran Blvd #332
Orlando, FL 32822

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

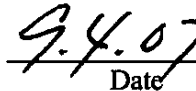


Signature/Incorporator

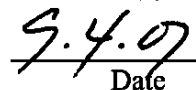
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date



Date