

PD800001906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/31/08--01011--004 **70.00

FILED

08 JAN 31 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VA

COVER LETTER

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

SUBJECT: MARDOP Corp
(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: LEON HALFON
Name (Printed or typed)

2510 CROWN RIDGE
Address

KISSIMMEE FL 34744
City, State & Zip

321 443 - 4162
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:

MARDOP Corp

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2510 Crown Ridge
Kissimmee FL 34744

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

New Business
Software AND Consoting

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):

LEON A. HALFON - President

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

LEON A. HALFON
2510 CROWN RIDGE Kissimmee FL 34744

ARTICLE VII INCORPORATOR

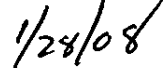
The name and address of the Incorporator is:

LEON HALFON
2510 CROWN RIDGE
Kissimmee FL 34744

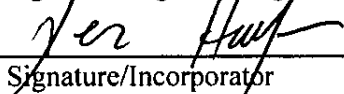
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



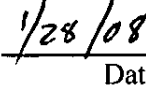
Signature/Registered Agent



Date



Signature/Incorporator



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA