

PO9000055162

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(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



700152712277

700152712277  
04/30/09--01047--006 \*\*78.75

FILED  
09 JUN 24 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W09-20598

EP 6/25/09

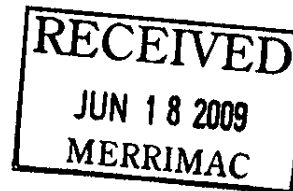


FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 15, 2009

GINA COUSAR \*\*\*3rd mailing\*\*\*  
1020 N. ORLANDO AVE.  
SUITE 200  
MAITLAND, FL 32751

SUBJECT: MIXMATCH INC.  
Ref. Number: W09000020598



We have received your document for MIXMATCH INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson  
Regulatory Specialist II  
New Filing Section

Letter Number: 809A00014724

RECEIVED  
DEPARTMENT OF STATE  
09 JUN 24 AM 11:06



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 1, 2009

A THRU Z ACCOUNTING SOLUTIONS  
PO BOX 151335  
ALTAMONTE SPRINGS, FL 32715-1335

SUBJECT: MIXMATCH INC.  
Ref. Number: W09000020598

We have received your document for MIXMATCH INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight  
Regulatory Specialist II  
New Filing Section

Letter Number: 809A00014724

## COVER LETTER

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

SUBJECT: Mix Match 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

*previously  
rec'd =>*

FROM: Robin Bennett  
Name (Printed or typed)

8154 Tellison St.  
Address

Orlando FL 32825  
City, State & Zip

407-283-9013  
Daytime Telephone number

mixmatchclub@gmail.com  
E-mail address: (to be used for future annual report notification)

**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:

MIXMATCH, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

8154 Jellison St. Orlando, FL 32825

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This corporation is organized for transacting all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is:

This corporation is authorized to issue one hundred shares of one dollar par value common stock.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Robin D. Bennett-VP, Sec, Trea

Gina A. Cousar-President

**ARTICLE VI REGISTERED AGENT**

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

Robin D. Bennett

8154 Jellison St. Orlando, FL 32825

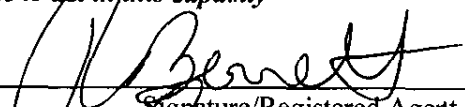
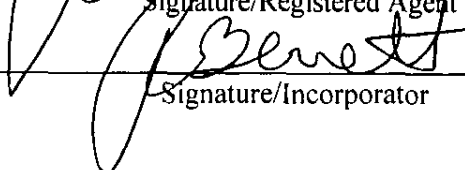
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Robin D. Bennett 8154 Jellison St. orlando, FL 32825

\*\*\*\*\*

*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

6/22/09  
Date  
6/22/09  
Date

FILED  
09 JUN 24 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA