POGUUUU62907

• (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:	·	
00 25 n 11		

Office Use Only



100158455051

07/15/03--01014--009 **70.00

SECRETARY OF STATE FALLAHASSEE, FLORID!

009 JUL 23 PH 12: 0

COVER LETTER

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

SUBJECT:	MAD Products, Inc				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	icles 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 CO		PY REQUIRED		
FROM:	MELINDA ANN DIXON Name (Printed or typed)				
	1329 RYAN LANE Address				
	ROYAL PALM BEACH, FL 33411 City, State & Zip				
	561-389-3809 Daytime Telephone number				
		ctsinc@aol.com	notification)		
	E-mail address: (to be used for future annual report notification)				

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 16, 2009

MELINDA ANN DIXON 1329 RYAN LANE ROYAL PALM BEACH, FL 33411

SUBJECT: MAD PRODUCTS, INC. Ref. Number: W09000032711

We have received your document for MAD PRODUCTS, INC. and your check(s) totaling \$70.00. 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 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) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 909A00024484

Gle Mached

89 JUL 23 PH 4: 09

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

1			TAL SI
ARTICLES O	OF INCORPORATION	ON	ECR
Territoria de la companya della companya della companya de la companya della comp	ith Chapter 607 and/or Ch		ZOUD JUL 23: SECRETARY CALLAHASSEE
ARTICLE I	NAME		SEE SEE
	corporation shall be:	MAD Products, Inc	Fig. 2 In
•	•	WAD Floducts, Inc	ST R
	•		PHIZ: 01 PHIZ: 01 FSTATE FLORIDA
CADDIOL D.II.	DDINGEDAL ORMIG	TA	
<u> </u>	PRINCIPAL OFFICE et address and mailing add		
same as mailing			
Same as mains	3 dod 15 29	Ryan Lane	
	Roya	Ryan Lane 1 Palm Beach.	FL 33411
ARTICLE III	PURPOSE		
• •	which the corporation is o	organized is:	
Any and all law	ul business		
ARTICLE IV	SHARES		
The number of sh	ares of stock is:		
100			
ARTICLE V	INITIAL OFFICERS	S AND/OR DIRECTORS	
***************************************	iress(es) and specific title		
Melinda Ann Di	• •	. ,	
1329 Ryan Lan	е		
Royal Palm Bea	ach, FL 33411		
ARTICLE VI	REGISTERED AG	ENT	
The name and Fl	<u>orida street address</u> (P.O	D. Box NOT acceptable) of the regist	ered agent is:
Melinda Ann Di			
1329 Ryan Land			
Royal Palm Bea	icn, FL 33411		,
ARTICLE VII	INCORPORATOR		
The <u>name and ad</u>	Idress of the Incorporator	is:	
Melinda Ann Di	xon		
1329 Ryan Lan			
Royal Palm Bea	ach, FL 33411		
******	*******	*********	*******
_		o accept service of process for the	<u>-</u>
-	•	familiar with and accept the appoi	intment as registered agent and
agree to act in thi	s capacity		
JAI	O LIMA		07-10,00
<u> </u>	Signature/Registered Agent	<u> </u>	Date
	uguature Negisteren Ageni	ı	Date

Signature/Incorporator

07- (0-09 Date