

P10000087033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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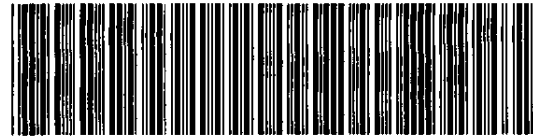
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/22/10--01010--015 **87.50

FILED
10 OCT 22 PM 3:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
10/25

COVER LETTER

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

SUBJECT: Master Buell MHA Workout, 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: Sean Millman
Name (Printed or typed)

120 SE 12 St
Address

Fort Lauderdale, FL 33314
City, State & Zip

(954) 605-1998
Daytime Telephone number

browardbailroads@aol.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:

Master Powell MMA Workout, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

12930 State Rd 84
Davie, FL 33325

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

workout program

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sean Millman, VP
Address: _____

Name and Title: Lisa ~~Lee~~ Arneault, officer
Address: _____

Name and Title: Nathan Powell, Pres
Address: _____

Name and Title: Abej Shimeles, officer
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Nathan Powell
Address: 12930 State Rd 84
Davie, FL 33325

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sean Millman
Address: 220 SE 125 St
Fort Lauderdale, FL 33316

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

Nathan Powell
Required Signature/Registered Agent

10/26/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Sean Millman
Required Signature/Incorporator

10/15/10
Date

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TALLAHASSEE FLORIDA