

P110000031023

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11 JAN 10 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 1/11/11

COVER LETTER

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

SUBJECT: MegPi, 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: Peter J. Lozicki

Name (Printed or typed)

161 Ottawa Ave., N.W., Ste. 600

Address

Grand Rapids, MI 49503

City, State & Zip

(616) 233-5113

Daytime Telephone number

Lozicki@RhoadesMcKee.com

E-mail address: (to be used for future annual report notification)

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

ENCLOSURE

2000

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be: MegPi, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address
10210 Waterside Oaks Dr.
Tampa, FL 33647

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to engage in any activity within the purposes for which corporations may be formed under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Megan Lozicki	Name and Title: _____
Address: 10210 Waterside Oaks Dr.	Address: _____
Tampa, FL 33647	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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


Name: Gia Lozicki
Address: 10210 Waterside Oaks Dr.
Tampa, FL 33647

ARTICLE VII INCORPORATOR

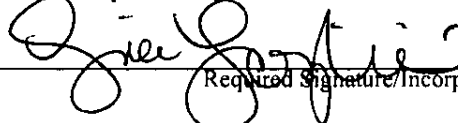
The name and address of the Incorporator is:

Name: Gia Lozicki
Address: 10210 Waterside Oaks Dr.
Tampa, FL 33647

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

 _____ Required Signature/Registered Agent	<u>12/7/10</u> _____ Date
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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.

 _____ Required Signature/Incorporator	<u>12/7/10</u> _____ Date
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