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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:			
CORRECT SUPPLY STATE TO			
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FLORIDA DEPARTMENT OF STATE Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 4, 2011

MELANIE MULHOLLAND 415 64TH AVE ST PETE BEACH, FL 33706

SUBJECT: MELANIE MULHOLLAND

Ref. Number: W11000000197

We have received your document for MELANIE MULHOLLAND 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 document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith Regulatory Specialist II New Filing Section

Letter Number: 511A00000156

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COVER LETTER

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

SUBJECT: Molanie Mulholland			
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)		
Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee, & Certified Copy & Certificate of Status		
	ADDITIONAL COPY REQUIRED		
FROM: Melanie Mul holl Name	and (Printed or typed)		
415 64th			
St Pet Broch, Fl.	33706 State & Zip		
517 242-900° Daytime To	elephone number		
Melanie mul holland E-mail address: (to be used	Ocho. Com Tor Luture 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 N	AME			
The name of the corporation shall be: Melanie Mulholand, Inc.				
ARTICLE II PI	RINCIPAL OFFICE			
	Principal street address	Mailing	address, if different is:	
	St Pate Beach FU337	06		
	URPOSE th the corporation is organized is:			
Υ.	eal estate			
The number of shares	HARES of stock is: ISS VITIAL OFFICERS AND/OR DIRECTORS			
	;			
Address:		Address:		
		•	→ ***	
			[
	<u>;</u>	Name and Title:		
Address:		Address:		
		· · · · · · · · · · · · · · · · · · ·		
	:			
Address:		Address:	100 Tal. W	
		·	- - 7	
ARTICLE VI REGISTERED AGENT The name and Florida streetaddress (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Address:				
	VCORPORATOR			
The name and address Name: Address:	ss of the Incorporator is Ω_{c} $\Omega_{$	1706		
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				
Den 1	Required Signature Registered Agent		13/35/10	
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.				
Mhila	Al. Malla		12/20/10	
- monwy	Required Signature/Incorporator	· · · · · · · · · · · · · · · · · · ·	Date	