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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

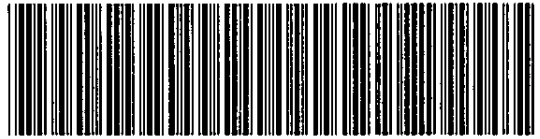
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## COVER LETTER

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

SUBJECT: Me-2-U 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: David Leckie  
Name (Printed or typed)

936 N.E 7th Terr 33909 unit 5  
Address

Cape Coral, Florida 33909  
City, State & Zip

239-898-3048  
Daytime Telephone number

david1@southwestcycle.net  
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:

ME-2-U, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

936 N.E. 7th Terr.  
Cape Coral, Florida 33909  
Unit 5

Mailing address, if different is:

901 SW 10 Pl  
Cape Coral, FL 33991

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Retail sales

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: David J Leckie Pres.  
Address: 901 SW 10 Place  
Cape Coral, FL 33991

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
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: David Leckie  
Address: 901 SW 10 Place,  
Cape Coral, FL 33991

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: David Leckie  
Address: 901 SW 10 Pl Cape  
Cape Coral, FL 33991

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

David Leckie  
Required Signature/Registered Agent

12/10/2010  
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.

David Leckie  
Required Signature/Incorporator

12/10/2010  
Date

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