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SECRETARY OF STATE  
HALLMARKS, ALASKA

11 JAN 26 PM 2:02

FILED

P2 1/28/11

## COVER LETTER

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

SUBJECT: Mellifluity 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: Mellissa Thomas

Name (Printed or typed)

1611 Indian Shore Drive

Address

Clermont, FL 34711

City, State & Zip

(407) 574-8513

Daytime Telephone number

mellissa.thomas@gmail.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: **Mellifluidity Inc.**

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**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
**1611 Indian Shore Drive**  
**Clermont, FL 34711**

Mailing address, if different is  
**DEPARTMENT OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The Corporation is being organized to transact any and all lawful business for which Corporations may be incorporated in this State.

**ARTICLE IV SHARES**

The number of shares of stock is: The number of Par value per share is 1000 at \$0.001 per value.

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

Name and Title: **Melissa Thomas, Founder and CEO**  
Address: **1611 Indian Shore Drive**  
**Clermont, FL 34711**

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

Name and Title: **Rosalee Thomas, Secretary**  
Address: **1115 Princeton Drive**  
**Clermont, FL 34711**

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

Name and Title: **Melissa Thomas, Treasurer**  
Address: **1611 Indian Shore Drive**  
**Clermont, FL 34711**

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: **Melissa Thomas**  
Address: **1611 Indian Shore Drive**  
**Clermont, FL 34711**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Melissa Thomas**  
Address: **1611 Indian Shore Drive**  
**Clermont, FL 34711**

*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

1/24/2011  
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.*

  
Required Signature/Incorporator

1/24/2011  
Date