

P11000027966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

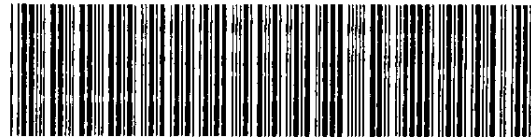
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000198351230

000198351230
03/18/11--01031--011 **70.00

FILED

MAR 18 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 3/22/11

COVER LETTER

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

SUBJECT: mace medical marketing, 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: Christopher J. Nibe
Name (Printed or typed)

6882 SE 12th Circle
Address

Ocala, FL 34480
City, State & Zip

(352) 425-1756
Daytime Telephone number

cjnibe15@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: MACC medical marketing, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
6882 SE 12th Circle
Ocala FL 34480

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

sales & medical marketing

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chris J. Nibe President
Address: 6882 SE 12th Circle
Ocala FL 34480

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: Alexis Nibe
Address: 6882 SE 12th Circle
Ocala FL 34480

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Chris J. Nibe
Address: 6882 SE 12th Circle
Ocala FL 34480

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

[Signature]

Required Signature/Registered Agent

3/14/11
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.

[Signature]

Required Signature/Incorporator

3/14/11
Date

FILED
MAR 18 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA