

P110000035884

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

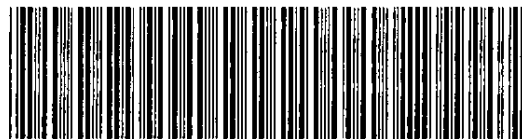
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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SC  
4-8-11  
13

## COVER LETTER

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

**SUBJECT: THE MATCHORMINGLE.COM CORPORATION**  
(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: **Kahil Wright**

Name (Printed or typed)

**Lake Howell Rd. 201-9, Maitland FL 32751**

Address

**Maitland FL 32751**

City, State & Zip

**904 647 0926**

Daytime Telephone number

**Contact@matchormingle.com** ✓

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

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TALLAHASSEE, FL 32314

**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: **THE MATCHORMINGLE.COM CORPORATION**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**467 Lake Howell Rd. Suite 201-9**  
**Maitland, Florida, 32751**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This organization creates a medium for singles to meet and socialize.

**ARTICLE IV SHARES**

The number of shares of stock is: **500,000,000**

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

Name and Title: **Kahil Wright - CEO**

Address: **467 Lake Howell Rd. Suite 201-9**  
**Maitland, Florida, 32751**

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

Address: \_\_\_\_\_

Name and Title: **Timothy Perez - CTO**

Address: **467 Lake Howell Rd. Suite 201-9**  
**Maitland, Florida, 32751**

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: **Kahil Wright**

Address: **467 Lake Howell Rd. Suite 201-9**  
**Maitland, Florida, 32751**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Kahil Wright**

Address: **467 Lake Howell Rd. Suite 201-9**  
**Maitland, Florida, 32751**

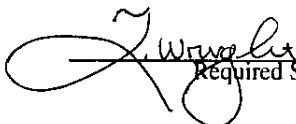
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

**4/8/11**  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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

**4/8/11**  
Date

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