P11000064590

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
. PICK-UP	☐ WAIT	MAIL
(B u	siness Entity Nar	ne)
(=		··- ,
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300209946503

Ontent dide of Live Service 2011 JURN 5 PM 2: 30

SC 7-19-11

COVER LETTER

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

SUBJECT: MMP, INC (PROPOSED CORPORA)	TE NAME – MUST INC	LUDE SUFFIX)		
Enclosed are an original and one (1) copy of the artic		_	_	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED		
FROM: Mike Stackpole Name	(Printed or typed)			
3124 Needle Palm Dr	Address	·		
Edgewater, Fl 32141	State & Zip		107	201
(386) 852-4162 Daytime Te	elephone number			
mike.stackpole@gmail.co	om For future annual report	notification)		PH 2:

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)

The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is:1000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Mike Stackpole Address: Chief Executive Officer Address: 3:124 Needle Palm Dr Edgewater, El 32141 Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: A	ARTICLE I The name of the co			
Principal street address 3124 Needle Palm Dr Edgewater, Fl 32141 ARTICLE IV SHARES The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is:1000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Mike Stackpole Address: Chief Executive Officer Address: Address: 3124 Needle Palm Dr Edgewater, Fl 32141 Name and Title: Name and Title: Address: Add	ADTICI E II	DDINCIDAL OFFICE		
3124 Needle Palm Dr Edgewater, Fi 32141 ARTICLE IV PURPOSE The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is:1000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address: Chief Executive Officer Address: 3124 Needle Palm Dr Edgewater, Fi 32141 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: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fi 32141 ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fi 32141 ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fi 32141 ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: Name: Address: 3124 Needle Palm Dr Edgewater, Fi 32141 ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: Name: Address: 3124 Needle Palm Dr Edgewater, Fi 32141 ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: Name: Address: 3124 Needle Palm Dr Edgewater, Fi 32141 ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: Name: Address: 3124 Needle Palm Dr Edgewater, Fi 32141 ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: Name: Address: A	AK IICLES II		Mailing ad	dress if different is:
Edgewater, Fl 32141 ARTICLE IV SHARES The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is:1000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Mike Stackpole Name and Title: Address: Chief Executive Officer Address: Addres	3		Walling au	dress, if different is.
ARTICLE IV SHARES The number of shares of stock is:1000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Mike Stackpole Address: Chief Executive Officer Address: Address: 3124 Needle Palm Dr Edgewater, Fl 32141 Name and Title: Name and Title: Address: Address			_ 	
The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is:1000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Mike Stackpole Address: Chief Executive Officer Address: Address: Address: 1124 Needle Palm Dr Edgewater, Fl 32141 Name and Title: Name and Title: Address: Address: Name and Title: Address: Address: Name and Title: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fl 32141 ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fl 32141 Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature Registered Agent Is ubmit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in locument to the Department of State constitutes at the degree felony as provided for in s.817.155, F.S.	<u>.</u>	byewater, 1 32 (4)		
ARTICLE IV SHARES The number of shares of stock is 1000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address: Chief Executive Officer Address: 3124 Needle Palm Dr. Edgewater, El 32141 Name and Title: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Mike Stackpole Address: 3124 Needle Palm Dr. Edgewater, El 32141 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Mike Stackpole Address: 3124 Needle Palm Dr. Edgewater, El 32141 Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent Date 12 July 2011 Submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in locument to the Department of State constitutes a third degree felony as provided for in x.817.155, F.S.	ARTICLE III	PURPOSE		
The number of shares of stock is:1000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Mike Stackpole	The purpose for w	hich the corporation is organized is:		
The number of shares of stock is:1000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Mike Stackpole				
The number of shares of stock is:1000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Mike Stackpole				
The number of shares of stock is:1000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Mike Stackpole	ARTICLE IV	SHARES		
Name and Title: Mike Stackpole Address: Chief Executive Officer 3124 Needle Palm Dr Edgewater, Fl 32141 Name and Title: Name and Title: Address: Name and Title: Address: Addre				
Name and Title: Mike Stackpole Address: Chief Executive Officer 3124 Needle Palm Dr Edgewater, Fl 32141 Name and Title: Name and Title: Address: Name and Title: Address: Addre				
Address: Chief Executive Officer Address: 3124 Neadle Palm Dr Edgewater, Fl 32141 Name and Title: Name and Title: Address: Name and Title: Address: Address: Name and Title: Address: Address: Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Mike Stackpole Address: 3124 Neadle Palm Dr Edgewater, Fl 32141 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Mike Stackpole Address: 3124 Neadle Palm Dr Edgewater, Fl 32141 Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent Is submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	ARTICLE V	INITIAL OFFICERS AND/OR DIREC	TORS	
3124 Needle Palm Dr Edgewater, Fl 32141 Name and Title: Address: Name and Title: Address: Name and Title: Address: Name and Title: Address: Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fl 32141 ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: Mike Stackpole Address: Name: Mike Stackpole Address: Address of the Incorporator is: Name: Mike Stackpole Address: Address: 124 Needle Palm Dr Edgewater, Fl 32141 Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in focument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Name and 11	tie:Mike Stackpole	Name and Title:	· · · · · · · · · · · · · · · · · · ·
Name and Title: Address: Addres	Address:	Chief Executive Officer	Address:	
Name and Title: Address: Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fl 32141 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fl 32141 Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent Is submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in focument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				
Address: Name and Title: Address: Name and Title: Address: Address: Address: Address: Address: Address: Address: Address: Address: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, El 32141 ARTICLE VII INCORPORATOR Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, El 32141 Address: Name: Mike Stackpole Address: Address: Address: Address: Address: Address: Address: Address: Address: Address: Address: Addre		Edgewater, Fl 32141		
Address: Name and Title: Address: Name and Title: Address: Address: Address: Address: Address: Address: Address: Address: Address: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, El 32141 ARTICLE VII INCORPORATOR Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, El 32141 Address: Name: Mike Stackpole Address: Address: Address: Address: Address: Address: Address: Address: Address: Address: Address: Addre	Name and Ti	tle:	Name and Title:	
Name and Title: Address: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fl 32141 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fl 32141 Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in focument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			Address:	
Name and Title: Address: Addre	riddiess.			
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fl.32141 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fl.32141 Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		 :		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fl.32141 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fl.32141 Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Name and Ti	*1~·	Name and Title	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, FL32141 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, FL32141 Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.812.155, F.S.		ne:	Name and Title:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fl 32141 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fl 32141 Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Stgnature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Address:		Address:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fl 32141 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fl 32141 Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fl 32141 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fl 32141 Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				至 02
Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fl 32141 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fl 32141 Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				一 一 雪
Address: 3124 Needle Palm Dr Edgewater, Fl 32141 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fl 32141 Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				
Edgewater, Fl 32141 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fl 32141 Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fl 32141 Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Address:			W 0
The name and address of the Incorporator is: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fl 32141 Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		Edgewater, FL32141		
The name and address of the Incorporator is: Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fl 32141 Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	A DATAL D THE	THEODROD A MOD		
Name: Mike Stackpole Address: 3124 Needle Palm Dr Edgewater, Fl 32141 Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in locument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				<i>5</i>
Address: 3124 Needle Palm Dr Edgewater, Fl 32141 Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 12 July 2011 Required Signature/Registered Agent Date Submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				
Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 12 July 2011 Required Signature/Registered Agent Date Submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in locument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				. 3
Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 12 July 2011 Required Signature/Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Address:	3124 Needle Palm Dr		**************************************
this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 12 July 2011 Required Signature/Registered Agent Date		Edgewater, FI 32141		
this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 12 July 2011 Required Signature/Registered Agent Date	Having been name	ed as registered agent to accept service of n	racess for the above stated corner	ation at the place designated in
Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	,	My Chi		· · · · · · · · · · · · · · · · · · ·
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		Illiby Sochial-		12 Tur 2011
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		Paris State Annual Asset	<u> </u>	12 Jacq 2011
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		required Signature/Registered Agent	ı	Date
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	I submit this docu	ment and affirm that the facts stated herei.	n are true. I am aware that the fi	alse information submitted in a
Mil Children				
Melly Sluchale 12 July 2011		M: C	jaiony ao provinsa jor ni aio en 200	yme
1/W/XWW/LOT_ 12 Jaky 2011		Illell Vouch		10 7 0
Required Signature/Incorporator Date		"I'm muller	-	15 7764 5011