

P11000064590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

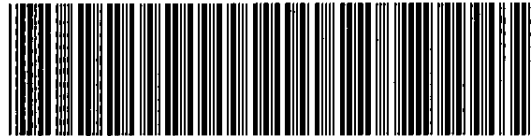
(Business Entity Name)

(Document Number)

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

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JUL 15 2011

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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 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: Mike Stackpole

Name (Printed or typed)

3124 Needle Palm Dr

Address

Edgewater, Fl 32141

City, State & Zip

(386) 852-4162

Daytime Telephone number

mike.stackpole@gmail.com

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

**NOTE: Please provide the original and one copy of the articles.**

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TALLAHASSEE, FL 32314

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** MMP, INC

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3124 Needle Palm Dr  
Edgewater, FL 32141

Mailing address, if different is:

**ARTICLE III 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: Mike Stackpole  
Address: Chief Executive Officer  
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 Title: \_\_\_\_\_  
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 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 in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Mike Stackpole  
Required Signature/Registered Agent

12 JULY 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.*

Mike Stackpole  
Required Signature/Incorporator

12 JULY 2011  
Date

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SECRETARY OF STATE  
FLORIDA