

P110000069228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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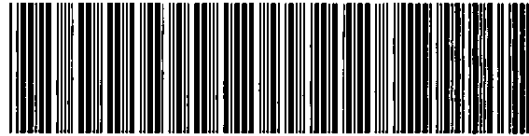
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L. Burch AUG 2, 2011

COVER LETTER

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

SUBJECT: MOED MANAGERMENTS 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: Maureen Driver
Name (Printed or typed)
1851 Fallon bl. ne
Address
Palm Bay Florida 32907
City, State & Zip
321 960-6195
Daytime Telephone number
moed489@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: Moed Managements Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1851 Fallon bl. ne
Palm Bay, Fl.
32907

Mailing address, if different is:

Box 110067
Palm Bay, Fl.
32911

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

property management

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maureen Driver pres. & up Name and Title: _____
Address: sec. treas Address: _____

1851 Fallon bl. ne
Palm Bay Fl. 32907

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: Maureen Driver
Address: 1851 Fallon bl. ne
Palm Bay, Fl. 32907

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maureen Driver
Address: 1851 Fallon bl. ne
Palm Bay Fl. 32907

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

Maureen Driver
Required Signature/Registered Agent

July 28 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.

Maureen Driver
Required Signature/Incorporator

July 28 2011
Date

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TALLAHASSEE, FLORIDA