

P110000069934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

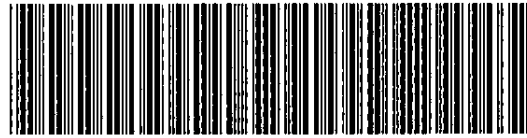
(Business Entity Name)

(Document Number)

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

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2.6urch 4 2011

## COVER LETTER

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

SUBJECT: MZM Inc of Belleair

(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: Zarife Xheka-Zoller

Name (Printed or typed)

12 S. Pine Circle

Address

Belleair FL 33756

City, State & Zip

727-804-3411

Daytime Telephone number

Zafi977@aol.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: M2M Inc of Belleair

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

12 S Pine Circle  
Belleair FL 33756

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For real-estate acquisition and management

**ARTICLE IV SHARES**

The number of shares of stock is: 100 Shares

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

Name and Title: Michael W. McCord Pres

Address: 12 S Pine Circle  
Belleair FL 33756

Name and Title: Zarife Xheka-Zoller V. Pres

Address: 12 S Pine Circle  
Belleair FL 33756

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: Michael W. McCord

Address: 12 S Pine Circle  
Belleair FL 33756

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Zarife Xheka-Zoller

Address: 12 S Pine Circle  
Belleair FL 33756

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

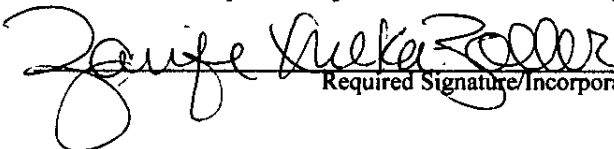


Required Signature/Registered Agent

8/1/2011

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.



Required Signature/Incorporator

8/1/2011

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA