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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers NOV 08 2011

COVER LETTER

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

SUBJECT: M Trawick Enterprises, 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: Matthew Trawick

Name (Printed or typed)

PO Box 1226

Address

Mayo, Florida 32066

City, State & Zip

386-688-0549

Daytime Telephone number

gotmilkpmt2001@yahoo.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: M trawick enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1296 SE CR 355
Mayo, Florida 32066

Mailing address, if different is:
PO Box 1226
Mayo, Florida 32066

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To conduct business in the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares @ 1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Matthew Trawick: Pres
Address: PO Box 1226
Mayo, Florida 32066

Name and Title: _____
Address: _____

Name and Title: Pamela Trawick: Secretary
Address: PO Box 1226
Mayo, Florida 32066

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:

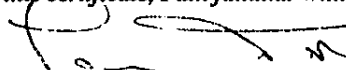
Name: Pamela Trawick
Address: 1296 SE CR 355
Mayo, Florida 32066

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

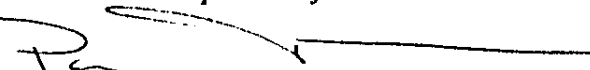
Name: Pamela Trawick
Address: PO Box 1226
Mayo, Florida 32066

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

10-31-11
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

10-31-11
Date

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