

P12000078089

(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)

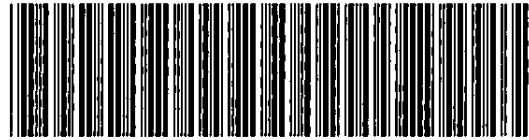
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

ADDED # OF SHARES OF
STOCK⁽¹⁰⁾ PER TELEPHONE
CONVERSATION WITH
MARGARET MCLAREN.

K 09/13/12

Office Use Only



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09/12/12--01011--004 **78.75

RECEIVED
12 SEP 12 PM 5:01
SECURITIES & STATE
TALLAHASSEE, FLORIDA

K 09/13/12

COVER LETTER

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

SUBJECT: MAM Corporation
(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: Margaret McLaren
Name (Printed or typed)

633 NW 102nd Ave
Address

Coral Springs FL 33071
City, State & Zip

954 895-1323
Daytime Telephone number

MMcLaren21@yahoo.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: MAM Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

633 N.W. 102nd AVE
Coral Springs FL 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Margaret McLaren President</u>	Name and Title: _____
Address: <u>633 N.W. 102nd AVE</u>	Address: _____
<u>Coral Springs FL</u>	_____
<u>33071</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	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: Margaret McLaren
Address: 633 N.W. 102nd AVE
Coral Springs FL 33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Margaret McLaren
Address: 633 N.W. 102nd AVE
Coral Springs FL 33071

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

Margaret McLaren
Required Signature/Registered Agent

9/7/12
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.

Margaret McLaren
Required Signature/Incorporator

9/7/12
Date

12 SEP 12 PM 5:01
TALLAHASSEE, FLORIDA