

P12000087986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

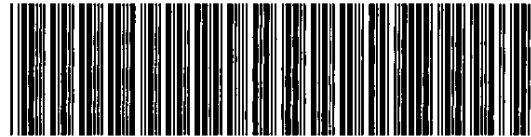
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 OCT 17 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: ML Family 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Michael Leavenworth

Name (Printed or typed)

610 NW 13th ST APT 28

Address

Boca Raton, Florida 33486

City, State & Zip

7727130935

Daytime Telephone number

MLeavenw@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

ML Family Corporation
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
610 NW 13th ST Apt 28
Boca Raton, Florida 33486

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Retail of wholesale merchandise.

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Leavenworth, Founder
Address: 610 NW 13th ST APT 28
Boca Raton, Florida 33486

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: Michael Leavenworth
Address: 610 NW 13th ST APT 28
Boca Raton, Florida 33486

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Leavenworth
Address: 610 NW 13th ST APT 28
Boca Raton, Florida 33486

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

Michael Leavenworth

Required Signature/Registered Agent

10/10/2012
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.

Michael Leavenworth

Required Signature/Incorporator

10/10/2012
Date

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TALLAHASSEE, FLORIDA