

PB0000035610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE FLORIDA

4/19

8

COVER LETTER

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

SUBJECT: Robert Madara 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: Robert Madara
Name (Printed or typed)

6110 Matchett Rd
Address

Orlando FL 32809
City, State & Zip

407-721-8306
Daytime Telephone number

Madara Robert @ 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:

Robert MADARA Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6110 Matchett Rd
Orlando FL
32809

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Residential General
contractor

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Robert MADARA Pres

Name and Title:

Address

6110 Matchett Rd
Orl. FL
32809

Address:

Name and Title:

David MADARA V.P

Name and Title:

Address

6110 Matchett Rd
Orlando FL
32809

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE FLORIDA

(conti.)

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: DAVID MADARA
Address: 6110 Matchett Rd
Orl. FL. 32809

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert Madara
Address: 6110 Matchett Rd
Orl. FL. 32809

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

David Madara
Required Signature/Registered Agent

4-15-2013
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.

[Signature]
Required Signature/Incorporator

4-15-2013
Date

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: Robert MADARA Corporation

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Principal street address

Mailing address, if different is:

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Orlando FL
32809

ARTICLE III PURPOSE

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert MADARA Pres Name and Title: _____

Address: 6110 Matchett Rd Address: _____

Orl. FL
32809

Name and Title: David MADARA V.P. Name and Title: _____

Address: 6110 Matchett Rd Address: _____

Orlando FL
32809

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE FLORIDA

(conti.)

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

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Address: 6110 Matchett Rd
Orl. FL 32809

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[Signature]
Required Signature/Incorporator

4-15-2013
Date