

P13000051492

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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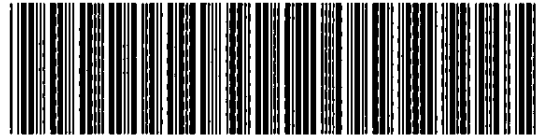
(Business Entity Name)

(Document Number)

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DATE: 6/13/13

NAME: MGJDMG, INC

TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

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

SUBJECT: MGJDMQ, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: Michael J. Grabarits
Name (Printed or typed)

28184 Herring Way
Address

Bonita Springs, FL 34135
City, State & Zip

(610) 972-9688
Daytime Telephone number

mikeg@abel.org
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)

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ARTICLE I NAME

The name of the corporation shall be: MOJDMQ, INC.

13 JUN 13 AM 8:23

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

28184 Herring Way

Bonita Springs, FL 34135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any/all legal activities

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael J. Grabarita, Name and Title: sole Officer (President, Secretary, Treasurer) and Director

Address 28184 Herring Way

Address: _____

Bonita Springs, FL 34135

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(cont.)

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Name and Title: _____ Name and Title: 13 JUN 13 AM 8:23
Address: _____ Address: SECRETARY OF STATE

TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Michael J. Grabarita
Address: 28184 Herring Way
Bonita Springs, FL 34135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Zachary J. Cohen, Esquire
Address: 7535 Windsor Drive, Suite 200
Allentown, PA 18195

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

6/13/13
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

6/13/13
Date