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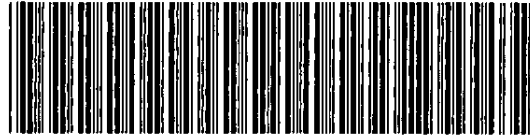
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 AUG 26 AM 11:20

114

COVER LETTER

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

SUBJECT: M2K Solutions, 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: Eva A. Falcone

Name (Printed or typed)

3200 Port Royale Drive N. #807

Address

Fort Lauderdale, FL 33308

City, State & Zip

(561) 271-1045

Daytime Telephone number

evafalcone@aol.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)

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DIVISION OF CORPORATION

ARTICLE I NAME

The name of the corporation shall be: M2K Solutions, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3200 Port Royale Drive N. #807

Fort Lauderdale, FL 33308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Marketing and Sales Consultant

ARTICLE IV SHARES

The number of shares of stock is: 100 ea @ \$5 par

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eva A. Falcone, Pres.

Name and Title: _____

Address 3200 Port Royale Drive N.

Address: _____

#807

Fort Lauderdale, FL 33308

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

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ARTICLE VI REGISTERED AGENT

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

Name: Eva A. Falcone
Address: 3200 Port Royale Drive N. #807
Fort Lauderdale, FL 33308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Eva A. Falcone
Address: 3200 Port Royale Drive N. #807
Fort Lauderdale, FL 33308

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

Eva A. Falcone
Required Signature/Registered Agent

8/20/13
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.

Eva A. Falcone
Required Signature/Incorporator

8/20/13
Date