

P/3000089377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/31/13

COVER LETTER

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

SUBJECT: Melhorn Group, 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: Michael Melhorn

Name (Printed or typed)

609 Green Valley Rd. I-7

Address

Palm Harbor, FL 34683

City, State & Zip

727-479-2249

Daytime Telephone number

mvmelhorn@icloud.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: Melhorn Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

609 Green Valley Rd.

Same

I-7

Palm Harbor, FL 34683

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide security consulting and training to
a wide variety of potential clients in the State of Florida and nationwide.

ARTICLE IV SHARES

The number of shares of stock is: 100

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Melhorn, President

Name and Title: Michael Melhorn, Vice President

Address 609 Green Valley Rd.

Address: 609 Green Valley Rd.

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Palm Harbor, FL 34683

Palm Harbor, FL 34683

Name and Title: Michael Melhorn, Treasurer

Name and Title: Andrea Melhorn, Secretary

Address 609 Green Valley Rd.

Address: 609 Green Valley Rd.

I-7

I-7

Palm Harbor, FL 34683

Palm Harbor, FL 34683

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

