7/3000089377

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200252727152

10/30/13--01007--010 **78.75

COVER LETTER:

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

_{subject:} Mel	horn Group, Inc.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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
		ADDITIONAL CO	PY REQUIRED
		e (Printed or typed)	
<u> </u>	9 Green Valley	Address	
P	alm Harbor, FL 3	34683	
	•	, State & Zip	-
72	27-479-2249		
	•	Telephone number	
<u>m</u>	vmelhorn@icloud.c		
	E-mail address: (to be us	ed 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)

	INCIPAL OFFICE Principal street address		Mailing address, if different is:
609 Green Valley Rd.		Same)
1-7			
Palm Harbor,	FL 34683		
ARTICLE III PUT The purpose for which a wide variety	the corporation is organized is: Provide of potential clients in the S	security co	onsulting and training to orida and nationwide.
			ASS 13
			AHAZI ****
			SSEE SEE
		• ., •	To a li
ARTICLE IV SH The number of shares of	ARES 100		2: 57 STATE ORIDA
	ITIAL OFFICERS AND/OR DIRECTOR	-	
Name and Tit	_{le:} Michael Melhorn, President	Name and Title	Michael Melhorn, Vice President
Address	609 Green Valley Rd.	_ Address:	609 Green Valley Rd.
	I-7		I-7
	Palm Harbor, FL 34683	-	Palm Harbor, FL 34683
		_	
Name and Titl	Michael Melhorn, Treasurer	Name and Title	Andrea Melhorn, Secretary
Name and Titl	_{e:} Michael Melhorn, Treasurer 609 Green Valley Rd.		Andrea Melhorn, Secretary 609 Green Valley Rd.
Name and Titl		Name and Title Address:	
	609 Green Valley Rd.		609 Green Valley Rd.
Address	609 Green Valley Rd.	_ Address:	609 Green Valley Rd. I-7 Palm Harbor, FL 34683
Address	609 Green Valley Rd. I-7 Palm Harbor, FL 34683	_ Address:	609 Green Valley Rd. I-7 Palm Harbor, FL 34683

Name: Address: Michael Melhorn 609 Green Valley Rd. I-7 Palm Harbor, FL 34683 Having been named as registered agent to accept service of process for the above stated corporation at the place designate this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 10/28/13 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted adocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 10/28/13	Name a	nd Title:	Name and Title:
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Michael Melhorn 609 Green Valley Rd. I-7 Palm Harbor, FL 34683 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Michael Melhorn 609 Green Valley Rd. I-7 Palm Harbor, FL 34683 Having been named as registered agent to accept service of process for the above stated corporation at the place designate this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 10/28/13 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Addres	s	Address:
Palm Harbor, FL 34683 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Michael Melhorn Address: 609 Green Valley Rd. I-7 Palm Harbor, FL 34683 Having been named as registered agent to accept service of process for the above stated corporation at the place designate this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 10/28/13 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	The name and F	lorida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Palm Harbor, FL 34683 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Michael Melhorn Address: Michael Melhorn Floring been named as registered agent to accept service of process for the above stated corporation at the place designate this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 10/28/13	Address:	609 Green Valley Rd. I-7	
The name and address of the Incorporator is: Name: Michael Melhorn Address: 609 Green Valley Rd. I-7 Palm Harbor, FL 34683 Having been named as registered agent to accept service of process for the above stated corporation at the place designate this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		Palm Harbor, FL 34683	- A⇔ - C C magas
Name: Address: Michael Melhorn 609 Green Valley Rd. I-7 Palm Harbor, FL 34683 Having been named as registered agent to accept service of process for the above stated corporation at the place designate this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 10/28/13 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted adocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 10/28/13	ARTICLE VII	INCORPORATOR	
Name: Address: Michael Melhorn 609 Green Valley Rd. I-7 Palm Harbor, FL 34683 Having been named as registered agent to accept service of process for the above stated corporation at the place designate this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 10/28/13 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted adocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 10/28/13	The <u>name and a</u>	ddress of the Incorporator is:	
Address: Address: 609 Green Valley Rd. I-7 Palm Harbor, FL 34683	Name:	Michael Melhorn	107 ? C
Having been named as registered agent to accept service of process for the above stated corporation at the place designate this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 10/28/13 Required Signature/Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	Address:	609 Green Valley Rd. I-7	SIDA
this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity 10/28/13 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 10/28/13		Palm Harbor, FL 34683	_
Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted adocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 10/28/13			
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 10/28/13			10/28/13
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 10/28/13	1	Required Signature/Registered Agent	Date
	I submit this do document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware that the false information submitted in a sy as provided for in s.817.155, F.S.
			10/28/13
Required Signature/Incorporator Date		Required Signature/Incorporator	Date