

P/40000 14 135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

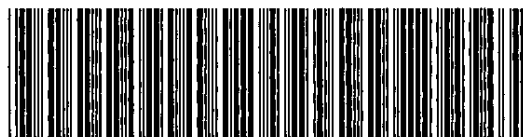
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

B 2/17/14



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB - 7 PM 12:04

COVER LETTER

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

SUBJECT: MADICOLE 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Kimberly Bolderson
Name (Printed or typed)

1973 Brantley Circle
Address

Clermont, FL 34711
City, State & Zip

561-452-8831
Daytime Telephone number

johnkimmadison@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)

ARTICLE I NAME

The name of the corporation shall be: Madicole Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1973 Brantley Circle
Clermont, FL 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for profit consulting
Services.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kimberly Bolderson President/Treasurer

Address 1973 Brantley Circle Address: _____
Clermont, FL 34711

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB -7 PM 12:05

(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: Kimberly Bolderson
Address: 1973 Brantley Circle
Clermont, FL 34711

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Kimberly Bolderson
Address: 1973 Brantley Circle
Clermont, FL 34711

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DIVISION OF CORPORATIONS
14 FEB -7 PM 12:05

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

Kim Bolderson
Required Signature/Registered Agent

2/6/14
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.

Kim Bolderson
Required Signature/Incorporator

2/6/14
Date

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Clermont, FL 34711

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Date