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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: MOKONZY IT, 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: STEPHANE KABADI MALAUKA

Name (Printed or typed)

31 OLD KINGS ROAD

Address

PALM COAST, FL 32317

City, State & Zip

386-264-3814

Daytime Telephone number

KMALAUKA@YAHOO.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: MOKONZY IT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

31 N OLD KINGS ROAD
PALM COAST, FL 32137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: COMPUTER REPAIR, MAINTAINENCE AND
INSTALLATION.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEPHANE K MALAUKA Name and Title: _____

Address: 31 n Old Kings Rd Address: _____

Palm Coast, FL 32137

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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(cont.)

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: Stephane K. Malauka
Address: 31 Old Kings Rd
Plam Coast, FL 32317

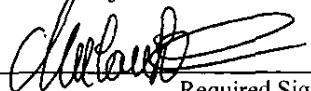
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ARTICLE VII INCORPORATOR


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

Name: Stephane K Malauka
Address: 31 Old Kings Rd
Palm Coast, FL 32317

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

 02/19/2014
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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 02/19/2014
Required Signature/Incorporator Date