

P14000020184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

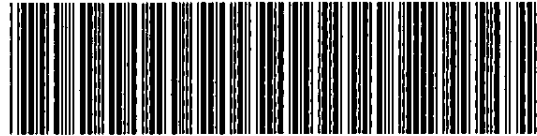
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2014 MAR -5 PM 3:21

2014 MAR -5 PM 3:35
STATE OF FLORIDA

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APPROVED
FILED

COVER LETTER

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

SUBJECT: MERRY STROLLER XPRESS 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 ☐ \$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: SCOTT Poppell
 Name (Printed or typed)
136 PHILLIP AVE
 Address
INTERLACHEN FL. 32148
 City, State & Zip
850-545-3214
 Daytime Telephone number
MERRY STROLLER @ 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: MERRY STROLLER X PRESS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

136 PHILLIP AVE
INTERLACHEN, FL. 32148

Mailing address, if different is:

P.O. Box 26
INTERLACHEN, FL.
32148

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL BUSINESS,

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Scott Poppell President Name and Title: _____

Address: P.O. Box 26 Address: _____
INTERLACHEN FL. 32148

Name and Title: BRANDON COVALT VP Name and Title: _____

Address: P.O. Box 26 Address: _____
INTERLACHEN, FL.
32148

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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AND
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(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:

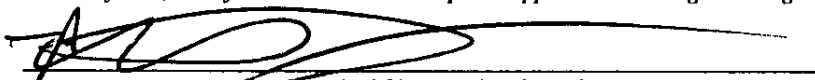
Name: SCOTT Poppell
Address: 136 PHILLIP AVE
INTERLACHEN, FL. 32148

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: SCOTT Poppell
Address: 136 PHILLIP AVE.
INTERLACHEN, FL. 32148

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


Required Signature/Registered Agent

030414
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.


Required Signature/Incorporator

030414
Date

STATE
OF
FLORIDA

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