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SECRETARY OF STA

COVER LETTER

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

SUBJECT: MO'	s Fries Inc.		
SUBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l 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 REQUII	
	laureen Pelkey Name 19770 US Hwy 19	e (Printed or typed) N Apt 706	·
		Address	
P	inellas Park, FL 3	33782	
	City,	State & Zip	
(7	27) 712-7498		
,	Daytime T	elephone number	
M	osFries@gmail.com		
	E-mail address: (to be use	d 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 NAM The name of the corporat	ion shall be: Mo's Fries Inc.		
ARTICLE II PRII	NCIPAL OFFICE Principal street address y 19 N Suite 706	Ma	iling address, if different is:
Pinellas Park,	FL 33782		
	POSE ne corporation is organized is: To sell elements of organized events.	our products	to Florida Customers
		· · · · · · · · · · · · · · · · · · ·	
	RES stock is: TAL OFFICERS AND/OR DIRECTOR 100% Maureen Pelkey President		
Address	10770 US Hwy 19 N Apt 706		
	Pinellas Park, FL 33782	. <u></u>	· · · · · · · · · · · · · · · · · · ·
Name and Title:		Name and Title:	
Address		Address:	
		·	SEC TALL
Name and Title:		Name and Title:	
Address		Address:	SSEE AM
			1 6: 41

Address		Address:	
ARTICLE VI The name and Flo	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Maureen Pelkey		
Address:	10770 US Hwy 19 N Apt 706	·	,
	Pinellas Park, FL 33782		·
ARTICLE VII	INCORPORATOR		
The name and add	dress of the Incorporator is:		
Name:	Maureen Pelkey		
Address:	10770 US Hwy 19 N Apt 706		
	Pinellas Park, FL 33782		
	ed as registered agent to accept service of process m familiar with and accept the appointment as regi		
moe	Required Signature/Registered Agent	3	/ 22 / 2014 Date
I submit this docu document to the D	ment and affirm that the facts stated herein are in the partment of State constitutes a third degree felony	true. I am aware that the false as provided for in s.817.155, F	information submitted in a
Mae	Required Signature/Incorporator	······································	3 /2014

Name and Title:______ Name and Title:_____