

P140000037805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

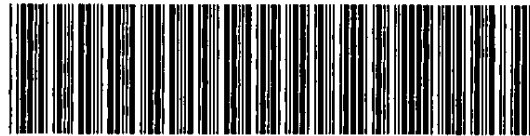
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800259091878

04/28/14--01048--005 **78.75

FILED
14 APR 28 AM 8:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Maydoor Management, 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: Aleksandra Krasinski

Name (Printed or typed)

1275 Barclay Blvd.

Address

Buffalo Grove, IL 60089

City, State & Zip

847-495-3076

Daytime Telephone number

Aleksandra.Krasinski@STA-IS.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: Maydoor Management, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6323 SE 113th Street

Bellevue, FL 34420

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To act as a management company.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael A. Madore/Director

Name and Title: _____

Address 6323 SE 113th Street
Bellevue, FL 34420

Address: _____

Name and Title: Robert Madore/Director

Name and Title: _____

Address 6323 SE 113th Street
Bellevue, FL 34420

Address: _____

Name and Title: Marc Madore/Director

Name and Title: _____

Address 6323 SE 113th Street
Bellevue, FL 34420

Address: _____

FILED
14 APR 28 AM 8:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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: Michael A. Madore
Address: 6323 SE 113th Street
Bellevue, FL 34420

ARTICLE VII INCORPORATOR

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

Name: Michael A. Madore
Address: 6323 SE 113th Street
Bellevue, FL 34420

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

Michael A. Madore

Required Signature/Registered Agent

4-22-14

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.

Michael A. Madore

Required Signature/Incorporator

4-22-14

Date

FILED
14 APR 28 AM 8:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA