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COVER LETTER

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

SUBJECT: MY MONEX, 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

٠<u>.</u> -

FROM: Dale Garner

Name (Printed or typed)

895 Oak Leaf Ct.

Address

Altamonte Springs, FL 32714

City, State & Zip

407-782-8485

Daytime Telephone number

Dgarner50@msn.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 MY MONEX, INC. The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

895 Oak Leaf Ct.

Altamonte Springs, FL 32714

Mailing address, if different is: 303 Whatley Dr.

Dothan, AL 36303

The purpose for which the corporation is organized is: to support online retail operations of www.mymonexinc.com and to engage in any lawful act, activity or business for which corporations may be organized under the General Laws of the State of Florida as now and hereinafter are in force. The Corporation shall have general powers granted by the law of Florida corporations and all other powers not inconsistent with the law to promote and achieve its goals.

ARTICLE IV SHARES 100 common share at \$1.00 par value The number of shares of stock is:

Name and Title	Dale Garner, CEO	Name and Title	Ted Hudson, President	
	905 Ook Loof Ct		303 Whatley Dr. Dothan, AL 36303	
	Altamonte Sprigs, FL 32714			
Name and Title:		Name and Title		
Address		Address:		
Name and Title:		Name and Title		
Address		Address:	PH	

	n n in		(conti.)
Name an Address	d Title:		
<u>ARTICLE VI</u> The <u>name and Fl</u> Name: Address:	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) o Dale Garner 895 Oak Leaf Ct. Altamonte Springs, FL 32714	of the registered agent is:	BIVISION OF
ARTICLE VII The <u>name and ad</u> Name: Address:	INCORPORATOR Idress of the Incorporator is: Dale Garner 895 Oak Leaf Ct.		17 PM 3: 44
Having been nan	Altamonte Springs, FL 32714 ned as registered agent to accept service of proces im familiar with and accept the appointment as re		

Required/Signature/Registered Agent

6/6/2014 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

6/6/2014