

P14000072278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

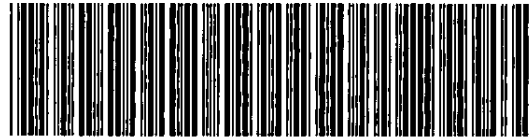
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 AUG 28 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓ 08/29/14

COVER LETTER

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

SUBJECT: Make Up Your Mind, 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: Jennifer Vickers

Name (Printed or typed)

9041 Sedgewood Drive

Address

Lake Worth, FL 33467

City, State & Zip

516-732-1115

Daytime Telephone number

lovetooo@live.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: Make Up Your Mind, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

9041 Sedgewood Drive
Lake Worth, FL 33467

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: asset management and any other lawful purpose under the Florida Statutes

ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Theresa Vickers, Pres.

Address 9041 Sedgewood Drive
Lake Worth, FL 33467

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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: Jennifer Vickers
Address: 9041 Sedgewood Drive
Lake Worth, FL 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jennifer Vickers
Address: 9041 Sedgewood Drive
Lake Worth, FL 33467

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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

Jennifer Vickers
Required Signature/Registered Agent

8/23/14
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.

Jennifer Vickers
Required Signature/Incorporator

8/23/14
Date