

PI400000 86015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

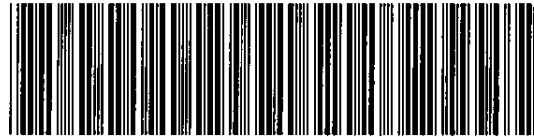
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/22/14--01003--003 \*\*78.75

RECEIVED  
14 OCT 22 AM 9:37  
14 OCT 22 AM 9:27  
SECTION 607.002  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATE

FILED  
10/22/14

CMT 10/22

## COVER LETTER

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

**SUBJECT:** Morgan Mall, 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:** Forrest N. Morgan

Name (Printed or typed)

3361 Argonaut Dr.

Address

Tallahassee, FL., 32312

City, State & Zip

850-273-0989

Daytime Telephone number

pctech32456@yahoo.c om

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: Morgan Mall, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3361 Argonaut Dr.

Tallahassee, FL., 32312

Mailing address, if different is:

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: e-commerce online retail sales

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Forrest N. Morgan CEO

Address: 3361 Argonaut Dr.

Tallahassee, FL. 32312

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

14 OCT 22 AM 9:37  
TALLAHASSEE, FLORIDA  
STATE OF FLORIDA

APPROVED  
FILED

(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: Forrest N. Morgan  
Address: 3361 Argonaut Dr  
Tallahassee, FL 32312

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TALLAHASSEE, FLORIDA

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Forrest N. Morgan  
Address: 3361 Argonaut Dr.  
Tallahassee, FL., 32312

*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*

Forrest N. Morgan  
Required Signature/Registered Agent

10-22-2014  
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.*

Forrest N. Morgan  
Required Signature/Incorporator

10-22-2014  
Date