

P14000098392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

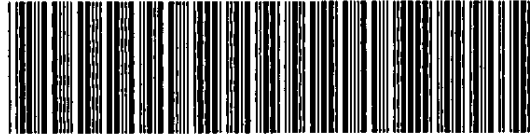
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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12/08/14--01024--010 **78.75

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14 DEC -8 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/9/14

COVER LETTER

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

SUBJECT: MARK MORGAN TOOLS, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: MARK BURNETT

Name (Printed or typed)

5983 ENTERPRISE PKWY STE. B

Address

FORT MYERS, FL 33905

City, State & Zip

239-240-7733

Daytime Telephone number

MARK.BURNETT@SNAPON.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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TALLAHASSEE, FL 32314

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:

MARK MORGAN TOOLS, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

5983 ENTERPRISE PKWY STE. B

FORT MYERS, FL 33905

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

AUTO PARTS SALES / Tool Sales

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARK BURNETT PRESIDENT

Name and Title: _____

Address 5983 ENTERPRISE PKWY STE. B

Address: _____

FORT MYERS, FL 33905

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(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:

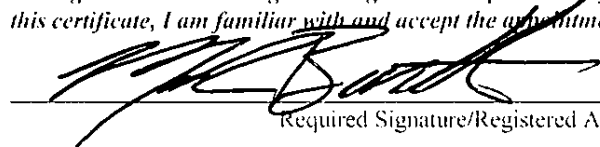
Name: MARK BURNETT
Address: 5983 ENTERPRISE PKWY STE. B
FORT MYERS, FL 33905

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARK BURNETT
Address: 5983 ENTERPRISE PKWY STE. B
FORT MYERS, FL 33905

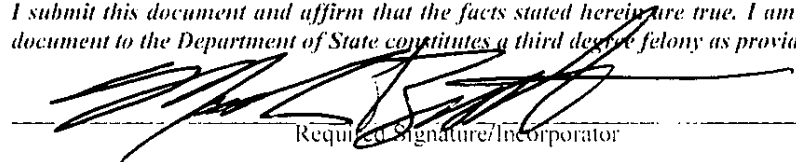
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11/28/2014 Nov 28/14
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.



Required Signature/Incorporator

11/28/2014 Nov 28/14
Date

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