

P 14000102068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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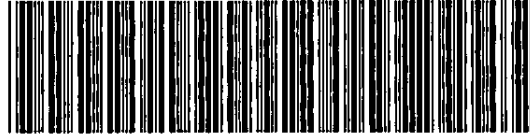
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/29/14

COVER LETTER

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

SUBJECT: **M.G. DOLD, 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: **Michael Dold**

Name (Printed or typed)

6822 22 Ave. N Ste. 189

Address

St. Petersburg, FL. 33710

City, State & Zip

813-758-9552

Daytime Telephone number

mgdoldinc@gmail.com

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

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TALLAHASSEE, FLORIDA

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: M.G. DOLD, INC.

Principal street address

St. Petersburg, FL. 33710

Mailing address, if different is:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The purpose for which the corporation is organized is: Web Design and Hosting.

The number of shares of stock is: 100

Name and Title: **Michael Dold**

6822 22 Ave. N Ste. 189

St. Petersburg, FL. 33710

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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 Dold
Address: 6822 22 Ave. N Ste. 189
St. Petersburg, FL. 33710

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Dold
Address: 6822 22 Ave. N Ste. 189
St. Petersburg, FL. 33710

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 Dold

Required Signature/Registered Agent

12/15/2014

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.

Michael Dold

Required Signature/Incorporator

12/15/2014

Date

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