

P15000003695

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

1-15-15 ch

12/14/2014

To : Florida Dept of State

From: Mark A. Cohen, MAC Capital Management, Inc.

Re: Document # W14000054078

To whom it may concern;

Upon advice of my accountant, I want to amend the earlier filing to a corporation instead of a LLC.

Thank-you, for your attention to this matter. Please feel free to call if you have any questions.

Sincerely,

Mark A. Cohen

A handwritten signature in black ink, appearing to read 'MAC', with a long horizontal flourish extending to the right.

561-706-3809

COVER LETTER

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

SUBJECT: **M A C Capital Management, 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 A. Cohen**

Name (Printed or typed)

6899 Viento Way

Address

Boca Raton, Fl. 33433

City, State & Zip

561-706-3809

Daytime Telephone number

cncr@bellsouth.net

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: MAC Capital Management Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6899 Viento Way

Boca Raton, FI 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: New business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark A. Cohen

Name and Title: _____

Address 6899 Viento Way

Address: _____

Boca Raton, FI 33433

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

(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:

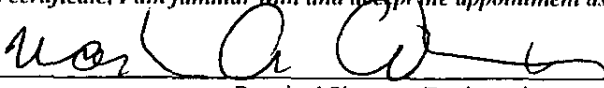
Name: Mark A. Cohen
Address: 6899 Viento Way
Boca Raton, Fl. 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

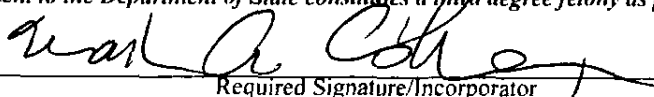
Name: Mark A. Cohen
Address: 6899 Viento Way
Boca Raton, Fl. 33433

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

12/14/2014
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

12/14/2014
Date

12/14/2014

To : Florida Dept of State

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