

P150000/9929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

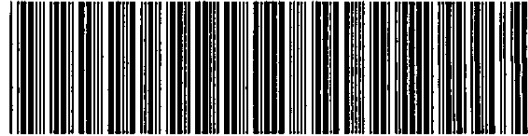
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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03/02/15--01031--002 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR -2 PM 1:00

APPROVED
AND
FILED

114

COVER LETTER

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

SUBJECT: **COLCAR Management Group, 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: **Margaret Colleen Carroll-Mahon**

Name (Printed or typed)

1541 S. Ocean Blvd. Unit 123

Address

Pompano Beach, FL 33062

City, State & Zip

480-797-6398

Daytime Telephone number

COLCARMgmtGrp@gmail.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)

APPROVAL
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: COLCAR Management Group, Inc.

15 MAR -2 PM 1:05

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1541 S. Ocean Blvd.

Unit 123

Pompano Beach, Fl 33062

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Margaret Colleen Carroll-Mahon

Name and Title: President

Address 1541 S. Ocean Blvd.

Address: Same

Unit 123

Pompano Beach, Fl 33062

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

APPROVED
AND
FILED

(cont.)

15 MAR -2 PM 1:00

Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE, FLORIDA</u>
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Name: Margaret Colleen Carroll-Mahon
Address: 1541 S. Ocean Blvd. Unit 123
Pompano Beach, FI 33062

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Margaret Colleen Carroll-Mahon
Address: 1541 S. Ocean Blvd. Unit 123
Pompano Beach, FI 33062

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

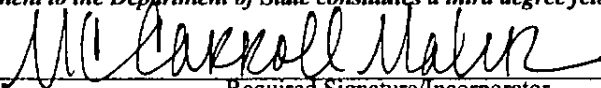


Required Signature/Registered Agent

2/18/2015

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

2/18/2015

Date