## P15000038781

(Re	equestor's Name)			
(Ac	idress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



300271030653

03/26/15--01017--004 \*\*78.75

ALL ALLASSITE CONTROLLED

mo 3/30

## **COVER LETTER**

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

<sub>subject:</sub> Mey	ga Solutions, Inc		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d 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 CO	PY REQUIRED
	icole S. Dandridge Nam 30 NW 62nd Stre	e (Printed or typed)	r Change
		Address	
M	iami, FL 33150		
	City	State & Zip	
30	)5.756.0605		
	Daytime 1	Celephone number	
me	eygaceo@yahoo.co		
	E-mail address: (to be use	ed 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)

ICLE I NAM ame of the corporat	NCIPAL OFFICE			*,.,.	4
	Principal street address	1	Mailing address	<u>بتائے:</u> , if diffe <del>re</del> nt is:	<u>ي</u> 2
30 NW 52nd			<b>.</b>	, = 1	轰
		<del></del> -		121 101 101	<del>53</del>
ami, FL·331	142 	<del> </del>		71:1-	
•				7,	<u> </u>
ICLE III PUR	POSE			922	J
urpose for which the	POSE he corporation is organized is: any law	tul purpose	€.	- 5r	نب
			······································		
ICLE IV SHA	RES 100				
ICLE IV SHA umber of shares of	RES stock is:				
umber of shares of	stock is: 100  TAL OFFICERS AND/OR DIRECTOR				
umber of shares of	TAL OFFICERS AND/OR DIRECTOR				
umber of shares of states of states of states of states of shares of shares of states of states of states of shares	rial officers and/or directors  Samantha Quarterman, President	Name and Title:			
umber of shares of s	TIAL OFFICERS AND/OR DIRECTORS Samantha Quarterman, President 1330 NW 52nd Street				
umber of shares of states of states of states of states of shares of shares of states of states of states of shares	rial officers and/or directors  Samantha Quarterman, President	Name and Title:			
umber of shares of states of states of states of states of shares of shares of states of states of states of shares	TIAL OFFICERS AND/OR DIRECTORS Samantha Quarterman, President 1330 NW 52nd Street	Name and Title:			
ICLE V INIT  Name and Title  Address	TAL OFFICERS AND/OR DIRECTORS Samantha Quarterman, President 1330 NW 52nd Street Miami, FL 33142	Name and Title: Address:			
ICLE V INIT  Name and Title  Address	TIAL OFFICERS AND/OR DIRECTORS Samantha Quarterman, President 1330 NW 52nd Street	Name and Title: Address:			
ICLE V INIT  Name and Title  Address	TAL OFFICERS AND/OR DIRECTORS Samantha Quarterman, President 1330 NW 52nd Street Miami, FL 33142	Name and Title: Address: Name and Title:			
ICLE V INIT  Name and Title  Address	Samantha Quarterman, President  1330 NW 52nd Street  Miami, FL 33142	Name and Title: Address: Name and Title:			
ICLE V INIT  Name and Title  Address	Samantha Quarterman, President  1330 NW 52nd Street  Miami, FL 33142	Name and Title: Address: Name and Title:			
ICLE V INIT  Name and Title  Address	Samantha Quarterman, President  1330 NW 52nd Street  Miami, FL 33142	Name and Title: Address: Name and Title:			
ICLE V INIT  Name and Title  Address  Name and Title:  Address	Samantha Quarterman, President 1330 NW 52nd Street Miami, FL 33142	Name and Title: Address:  Name and Title: Address:			
ICLE V INIT  Name and Title  Address  Name and Title:  Address	Samantha Quarterman, President 1330 NW 52nd Street Miami, FL 33142	Name and Title: Address:  Name and Title: Address:			
ICLE V INIT  Name and Title  Address  Name and Title:  Address	Samantha Quarterman, President 1330 NW 52nd Street Miami, FL 33142	Name and Title: Address:  Name and Title: Address:			

Name	and Title:	Name and Title:	
Addr	ess	Address:	
			F 5
ARTICLE V			76 A R R R R R R R R R R R R R R R R R R
The name and	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	100 C
Name:	Samantha Quarterman	_	
Address:	1330 NW 52nd Street	<u> </u>	HAR 26 AM III: 53
	Miami, FL 33142	<del></del>	200 <b>3</b>
Name:	II INCORPORATOR  Laddress of the Incorporator is:  Samantha Quarterman  1330 NW 52nd Street	_	
Address:	Miami, Fl. 33142	<del></del>	
Having been t	named as registered agent to accept service of proce , I am familiar with and accept the appointment as r	ess for the above stated corporate egistered agent and agree to act	ion at the place designated in in this capacity
	<b>D</b>		3/20/15
	Required Signature/Registered Agent		Date
I submit this d	document and affirm that the facts stated herein an he Department of State constitutes a third degree felo	re true. I am aware that the fals ony as provided for in s.817.155,	e information submitted in a F.S.
	<i>#</i>		3/20/15
	<b>AL/L</b> /		