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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

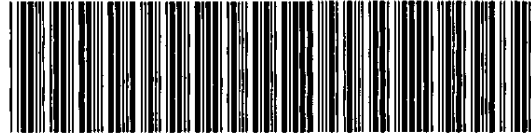
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Maile Enterprises, Incorporated

(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: Mary Beth Hardin Maile

Name (Printed or typed)

4384 Bowsprit Court, Suite 2D

Address

Fort Myers, Florida 33919

City, State & Zip

612-245-9943

Daytime Telephone number

mmail1@comcast.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: Maile Enterprises, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4384 Bowsprit Court, Suite 2D

Fort Myers, Florida 33919

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sell safety equipment to states, counties and cities.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mary Beth Hardin Maile, President

Name and Title: Michael Frank Maile, Vice President

Address 4384 Bowsprit Court, Suite 2D

Address: 4384 Bowsprit Court, Suite 2D

Fort Myers, Florida 33919

Fort Myers, Florida 33919

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

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: Mary Beth Hardin Maile
Address: 4384 Bowsprit Court, Suite 2D
Fort Myers, Florida 33919

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Michael Frank Maile
Address: 4384 Bowsprit Court, Suite 2D
Fort Myers, Florida 33919

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: July 9, 2015. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Mary Beth Hardin Maile
Required Signature/Registered Agent

7/9/15
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 Frank Maile
Required Signature/Incorporator

7/9/15
Date