

P1500002045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

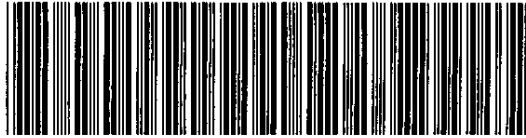
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Certified Copies _____

Certificates of Status _____

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FILED
15 JUL 20 AM 9:49
TALLAHASSEE, FLORIDA

JUL 24 2015

R. WHITE

COVER LETTER

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

SUBJECT: Mofun, 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: Maureen Dragonetti
Name (Printed or typed)

13192 Bainbridge Way
Address

Spring Hill, FL 34609
City, State & Zip

(203) 994-0020
Daytime Telephone number

Maureen.Dragonetti@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)

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15 JUL 20 AM 9:49

ARTICLE I NAME

The name of the corporation shall be: Mofun, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

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

12050 Bainbridge Way

Spring Hill, Fl. 34609

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Ownership of Lowkey Hideaway,

12050 St. Rd 24 Cedar Key, Fl. 32625

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maureen Dragonetti - President

Name and Title: _____

Address 13192 Bainbridge Way

Address: _____

Spring Hill, Fl. 34609

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: Maureen Dragonetti

Address: 13192 Bainbridge Way
Spring Hill, Fl. 34609

ARTICLE VII INCORPORATOR

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

Name: Maureen Dragonetti

Address: 13192 Bainbridge Way
Spring Hill, Fl. 34609

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (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

Maureen Dragonetti
Required Signature/Registered Agent

7/17/15
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.

Maureen Dragonetti
Required Signature/Incorporator

7/17/15
Date