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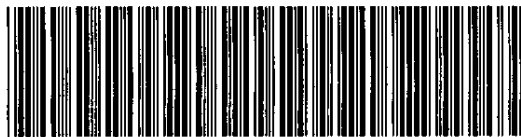
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 AUG 17 AM 11:03

W15-052344

08/18/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2015

MARY ELLEN MAHONEY-FRITZ
2125 CALUSA LAKES BOULEVARD
NOKOMIS, FL 34275

SUBJECT: M. E. MAHONEY & ASSOCIATES, LTD.
Ref. Number: W15000052344

RECEIVED AUG 17 2015

We have received your document for M. E. MAHONEY & ASSOCIATES, LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of the abbreviation "Ltd." does not clearly indicate that this is a corporation instead of a partnership. Therefore, please remove the abbreviation "Ltd." from the corporate name."

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 215A00016312

COVER LETTER

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

SUBJECT: M. E. Mahoney & Associates, Ltd.

(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: Mary Ellen Mahoney-Fritz

Name (Printed or typed)

2125 Calusa Lakes Boulevard

Address

Nokomis, Florida 34275

City, State & Zip

(630) 297-5166

Daytime Telephone number

mem@memahoney.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)

ARTICLE I NAME

The name of the corporation shall be: M. E. Mahoney & Associates, ~~LLC~~ INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2125 Calusa Lakes Boulevard

Nokomis, Florida 34275

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: professional corporation engaged in the transaction of any or all

lawful business for which corporations may be incorporated under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mary Ellen Mahoney-Fritz

Name and Title: CEO

Address: 2125 Calusa Lakes Boulevard

Address:

Nokomis, Florida 34275

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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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 Ellen Mahoney-Fritz
Address: 2125 Calusa Lakes Boulevard
Nokomis, Florida 34275

ARTICLE VII INCORPORATOR

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

Name: Mary Ellen Mahoney-Fritz
Address: 2125 Calusa Lakes Boulevard
Nokomis, Florida 34275

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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

Mary E. Mahoney-Fritz
Required Signature/Registered Agent

7/24/15
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.

Mary E. Mahoney-Fritz
Required Signature/Incorporator

7/24/15
Date