

PIS 000076696

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(Business Entity Name)

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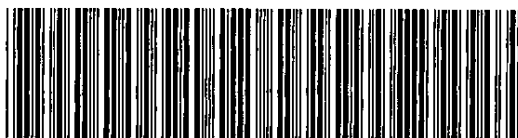
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L. Burch SEP 18 2015

COVER LETTER

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

SUBJECT: Master-Pay Of America, 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 ☐ \$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: Chance Hippler

Name (Printed or typed)

PO BOX 142622

Address

Gainesville, FL 32614

City, State & Zip

352.219.0692

Daytime Telephone number

chance352@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)

ARTICLE I NAME

The name of the corporation shall be: Master-Pay Of America, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
1500 NW 16th Ave #244

Gainesville, FL 32605

Mailing address, if different is:

PO BOX 142622

Gainesville, FL 32614

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chance Hippler, President

Address 1500 NW 16th Ave 244

Gainesville, FL 32605

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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SECRETARY OF STATE
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: Chance Hippler

Address: 1500 NW 16th Ave 244

Gainesville, FL 32605

ARTICLE VII INCORPORATOR

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

Name: Chance Hippler

Address: 1500 NW 16th Ave 244

Gainesville, FL 32605

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/5/15 (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

Required Signature/Registered Agent

9/3/2015

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

9/3/2015

Date

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TALLAHASSEE, FLORIDA