

PI5000079082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

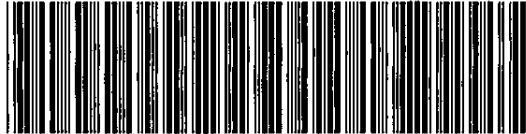
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600277113936

09/17/15--01012--023 **78.75

FILED

15 SEP 17 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

a25/rs

COVER LETTER

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

SUBJECT: MKA Property Consultants, 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: Maurice McDonald

Name (Printed or typed)

11646 Renaissance View Ct.

Address

Tampa, FL 33626

City, State & Zip

813-205-8233

Daytime Telephone number

mcdonaldmau@hotmail.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: MKA Property Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11646 Renaissance View Ct.

Tampa, FL 33626

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful purpose including without limitation
providing consulting services as it relates to the development and maintenance of commercial real estate.

ARTICLE IV SHARES

The number of shares of stock is: 1000 shares - all one class of stock.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maurice McDonald, Director and CEO

Name and Title: _____

Address 11646 Renaissance View Ct.

Address: _____

Tampa, FL 33626

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
TAMPA FLORIDA

15 SEP 17 PM 12:12

FILED

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: Maurice McDonald

Address: 11646 Renaissance View Ct.

Tampa, FL 33626

ARTICLE VII INCORPORATOR

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

Name: Maurice McDonald

Address: 11646 Renaissance View Ct.

Tampa, FL 33626

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 SEP 17 PM 12:12

FILED

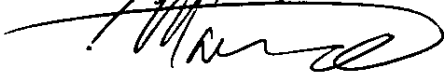
ARTICLE VIII EFFECTIVE DATE:

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



Required Signature/Registered Agent

09.12.15

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.



Required Signature/Incorporator

09.12.15

Date