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2015 SEP 21 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 28 2015

COVER LETTER

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

SUBJECT: MY CREW, 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: G. MCCLAIN FINANCIAL SERVICES, INC.

Name (Printed or typed)

240 CAPTAINS WALK SUITE 502

Address

DELRAY BEACH, FLORIDA 33483

City, State & Zip

954-257-0973

Daytime Telephone number

dandexler@bellsouth.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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: MY CREW, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different

1931 CORDOVA ROAD

SUITE 125

FORT LAUDERDALE, FLORIDA 33316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: 1. FOR THE PURPOSE OF TRANSACTING ANY AND ALL
LAWFUL BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND OF THE STATE OF
FLORIDA.

2. FOR THE PURPOSE OF ENGAGING IN ANY ONE OR MORE OF THE ACTS AND THINGS HEREIN SET
FORTH.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CODY M ZAK PRES. DIR.

Name and Title: DAVID ANDEXLER V.P. TRE. DIR.

Address 1890 NW 42 TERRACE
LAUDERHILL, FL. 33313

Address: 800 SW 4 COURT
FT., LAUDERDALE, FL 33312

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: PAMELA ANDEXLER
Address: 800 SW 4 COURT
FT. LAUDERDALE, FL 33312

ARTICLE VII INCORPORATOR

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

Name: CODY M ZAK
Address: 1890 NW 42 TERRACE
LAUDERHILL, FL. 33313

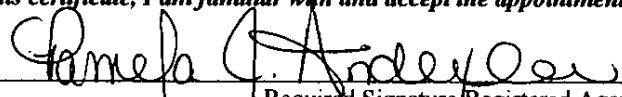
ARTICLE VIII EFFECTIVE DATE:

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

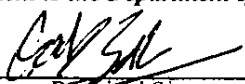
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 9/4/15
Required Signature/Registered Agent 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.

 9/4/15
Required Signature/Incorporator Date