

P/5000080993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

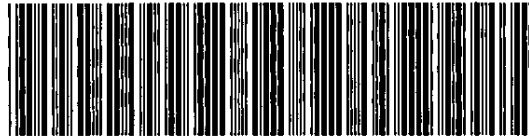
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/28/15--01030--008 **70.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 SEP 28 AM 10:44

10/01/15

COVER LETTER

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

SUBJECT: MAACA HOLDINGS 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: LESLIE GANO
Name (Printed or typed)

7735 PINE ISLAND WAY
Address

WEST PALM BEACH, FLORIDA 33411
City, State & Zip

561-329-4226
Daytime Telephone number

LTGANO@AOL.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: MAACA HOLDINGS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7735 PINE ISLAND WAY

WEST PALM BEACH, FL 33411

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN ALL LAWFUL BUSINESS INCLUDING BUT NOT LIMITED TO BUYING, RENTING AND
SELLING REAL ESTATE.

ARTICLE IV SHARES

The number of shares of stock is: 100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LESLIE GANO MGR

Name and Title: KATHLEEN GALAVIZ MGR

Address 7735 PINE ISLAND WAY

Address: 916 KING STREET WEST

WEST PALM BEACH, FL 33411

QUINCY, FL 32351

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: LESLIE GANO

Address: 7735 PINE ISLAND WAY

WEST PALM BEACH, FL 33411

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ARTICLE VII INCORPORATOR

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

Name: LESLIE GANO

Address: 7735 PINE ISLAND WAY

WEST PALM BEACH, FL 33411

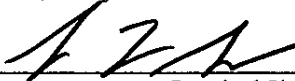
ARTICLE VIII EFFECTIVE DATE:

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

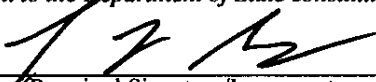


Required Signature/Registered Agent

9/23/2015

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

9/23/2015

Date