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SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 OCT -5 AM II: 09

EFFECTIVE DATE 10/01/15

2 10/08/15

COVER LETTER

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

SUBJECT:	MEGHAN MOYLE	, P.A.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	MEGHAN MOYLI	(Printed or typed)	
	1314 E. Las Blas	Blvd. Ste	620
	fort Lauderda		301
	•	elephone number	
	E-mail address: (to be used	for future annual report r	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporation shall	be: MEGHAN I	MOYLE, 'Y	ζΑ.	ORFORALION
ARTICLE II PRINCIPAL OI Principal	FFICE street address	1	Mailing address, if different is:	6
1314 E. LAS OLAS	BLVD. STE 621	N/A		
FORT LAUDERDA	LE, FL 33301			
ARTICLE III PURPOSE The purpose for which the corpor	ration is organized is:			
• •	LAWFUL BUSIN	ESS.		
\circ	SERVICES			
			V	
<u>ARTICLE IV SHARES</u>				
The number of shares of stock is:_	100.			
ARTICLE V INITIAL OFFIC	CERS AND/OR DIRECTORS			
Name and Title: MEG	SHAN MOVLE, PST	$\underline{\mathcal{D}}$ Name and Title:	N/A	
Address <u>1314</u>	E. LAS OLAS BLVD.	Address:	<u> </u>	
Surr	E 620			
FORT	LAUDERDALE FL	<u>3</u> 3301		
Name and Title: N/A		Name and Title:	ALLA	
Address				
			21/2	
Name and Title: N/A		Name and Title:	N/A	
Address		Address:		

Name and Title: N/A	Name and Title: N/A				
Address	Address:				
	<u> </u>				
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of	the registered agent is:				
Name: MEGHAN MOYLE	, ,				
Address: 1314 E LAS OLAS BLVD.	-				
FILAUDERDALE FI 3330	SE DIVIS 15 (
	OCT				
ARTICLE VII INCORPORATOR	FILE OF CO				
The <u>name and address</u> of the Incorporator is:	Record				
Name: MEGHAN MOYLE	OF STATE RPORATEO				
Address: 1314 E LAS OLAS BLVD.					
FT. LAUDERDALE FL 333	SI				
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 10-01-20 (If an effective date is listed, the date must be specific and cannot days after the filing.) Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records.	t be more than five business days prior or 90 business				
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					
MEGHAN MAYLE Required Signature/Registered Agent	1(2) 1 / 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.					
MEGHAN MOYLE Required Signature/Incorporator					