P15000084450

(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



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COVER LETTER

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

SUBJECT:	MAZENTA, INC.		
SUBJECT:	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
			-
Enclosed are an orig	inal and one (1) copy of the a	rticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Nar	ne (Printed or typed)	·
- 	BOX 3069	Address	
WI	NDERMERE, FL 34786	Addiess	
<u></u>	Cit	y, State & Zip	
941	.465.9566		
	Daytime	Telephone number	
Maz	entaInc@gmail.com		
	E-mail address: (to be us	ed 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:	MAZENTA, INC.	ි ග
ARTICLE II PRINCIPAL OFFIC Principal stre		Mailing address, if different is:
9006 HERITAGE BAY CIRCLE		P O BOX 113
ORLANDO, FL 32836		WINDERMERE, FL 34786
ARTICLE III PURPOSE The purpose for which the corporation		ATE A BROAD NETWORK OF ENDEAVORS WHICH
		JRPOSE OF ESTABLISHING INCOME FOR THOSE
INTERESTED IN BECOMING SEL	F-SUFFICIENT VIA RESII	DUAL INCOME STREAMS. THERE ARE VARIOUS
KINDS OF INCOME-PRODUCING	WEB BUSINESES WHICH	H ARE APPROPRIATE FOR OWNERSHIP BY MANY
PEOPLE OF VARIOUS WALKS OF	LIFE THAT ARE READY	Y TO BE ACQUIRED AND MAINTAINED; WHICH
MEET THEIR NEEDS, MATCH TH	EIR TALENT LEVEL ANI	D TASTES, WHICH ARE AFFORDABLE TO BUY,
BROADLY CONCEIVED ENOUGH	I TO ATTRACT A WIDER	R MARKET, AND OFFER POTENTIAL GROWTH.
		Name and Title:
Name and Title:		Name and Title:
Address		Address:
Name and Title:		Name and Title:
Address		Address:
		_

Name a	nd Title:	Name and Title:
Addres	s	Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name:	THERESE AMOS	
Address:	9006 HERITAGE BAY CIRCLE	
	ORLANDO, FL 32836	
ARTICLE VII	INCORPORATOR	PH 12: 2
	address of the Incorporator is:	₩12: 21
Name:	MARY SWEAT	:>
Address:	P O BOX 3069	•
1 Iddi ew.	WINDERMERE, FL 34786	- -
Effective date, i (If an effective days after the I	date is listed, the date must be specific and cannot iling.)	. (OPTIONAL) It be more than five business days prior or 90 business statutory filing requirements, this date will not be listed as
	effective date on the Department of State's records.	saturdity iming requirements, this date will not be research
	med as registered agent to accept service of process am familiar with and accept the appointment as regi	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
X.	und show	OCTOBER 5, 2015
	Required Signature Registered Agent The	erese mos Date
	cument and affirm that the facts stated herein are t Department of Stat <u>e constit</u> utes a third degree felony	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
Ma	1st Proot;	OCTOBER 5, 2015
Requ	uired signature/beosporator Mary Swe	Date

. . .