

P15000093489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

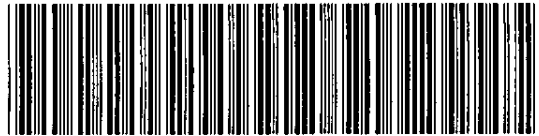
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/19/15--01001--004 **78.75

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DIVISION OF REGISTRATION
15 NOV 18 PM 4: 26
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APPROVED
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15 NOV 18 PM 4: 40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/18/15

APPROVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Munday Venture 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 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 COPY REQUIRED

FROM: Austin Dennis Munday
Name (Printed or typed)

1303 Parga street
Address

Tallahassee FL 32304
City, State & Zip

863-529-3611
Daytime Telephone number

Austinmunday@gmail.com
E-mail address: (to be used for future annual report notification)

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

EFFECTIVE DATE

01/01/16

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 NOV 18 PM 4:40

ARTICLE I NAME

The name of the corporation shall be: Munday Venture Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1303 Parga^{street} Tallahassee
FL 32304

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct operations
of mobile app development.

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Austin Munday CEO Name and Title: _____

Address: 1303 Parga^{street} Address: _____
Tallahassee FL
32304

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

APPROVED
AND
FILED

15 NOV 18 PM 4:40

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

_____ SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Austin Monday
Address: 1303 Parga^{Street} Tallahassee
FL 32304

ARTICLE VII INCORPORATOR

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

Name: Austin Monday
Address: 1303 Parga^{Street} Tallahassee
FL 32304

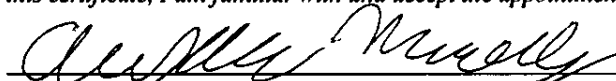
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Jan 1st 2016 (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

11/18/2015
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

11/18/2015
Date