

P/5000/01821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

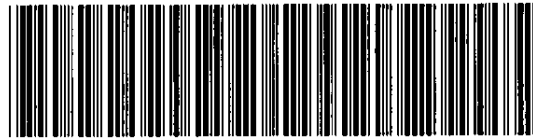
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Mez Impressions! 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: Mez Impression!
Name (Printed or typed)

P.O. Box 23221
Address

Jacksonville, FL 32241 -
City, State & Zip

904-802-8139
Daytime Telephone number

40macsirod@gmail.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: Mez Impression! Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3200 Hartley Road #216
Jacksonville, Fl. 32257

Mailing address, if different is:
P.O. Box 23221
Jacksonville, Fl. 32241

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Shoes and accessories sales

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joyce Lyn Belizaire (Pres.) Name and Title: _____

Address P.O. Box 23221 Address: _____
Jacksonville, Fl 32241

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

RECORDED
DEC 29 PM 4:12
CLERK

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: Joycelyn Belizaire

Address: 3200 Hartley Road #216
Jacksonville, FL 32257

ARTICLE VII INCORPORATOR

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

Name: Joycelyn Belizaire

Address: 3200 Hartley Road #216
Jacksonville, FL 32257

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1-1-16 (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

Joycelyn Belizaire
Required Signature/Registered Agent

12-29-15
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.

Joycelyn Belizaire
Required Signature/Incorporator

02 12-29-15
Date

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ARTICLE
VI
FILED