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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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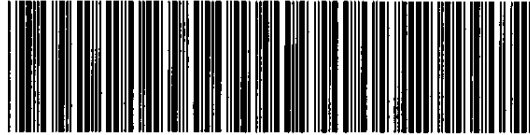
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

UH

COVER LETTER

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

SUBJECT: Mo' Money Makers, 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: Deborah Starrett

Name (Printed or typed)

4880 4th Avenue SE

Address

Naples, FL 34117

City, State & Zip

2394550274

Daytime Telephone number

dstar62@earthlink.net

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: Mo' Money Makers, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4880 4th Avenue SE

Naples, FL 34117

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to form a investment group

ARTICLE IV SHARES

The number of shares of stock is: 4500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael O'Quinn, President

Address: 27321 Tortois Trail

Bonita Springs, FL 34135

Name and Title: Edmond Gallagher, Vice President

Address: 27713 Tennessee Street

Bonita Springs, FL 34135

Name and Title: Deborah Starrett, Treasurer

Address: 4880 4th Avenue SE

Naples, FL 34117

Name and Title: David J. Starrett, Director

Address: 4880 4th Avenue SE

Naples, FL 34117

Name and Title: Tracie Green, Secretary

Address: 27321 Tortoise Trail

Bonita Springs, FL 34135

Name and Title: Arlene Cabana, Director

Address: 8080 Cypress Drive S

Ft. Myers, FL 33916

Name and Title: Barry Chapman, Director Name and Title: _____
Address 180 Maple Ave Address: _____
Bethpage, NY 11714 _____

ARTICLE VI REGISTERED AGENT

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

Name: Deborah Starrett
Address: 4880 4th Avenue SE
Naples, FL 34117

ARTICLE VII INCORPORATOR

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

Name: Deborah Starrett
Address: 4880 4th Avenue SE
Naples, FL 34117

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3/16/2016. (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

Deborah Starrett

Required Signature/Registered Agent

3/16/16

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.

Deborah Starrett

Required Signature/Incorporator

3/16/16

Date