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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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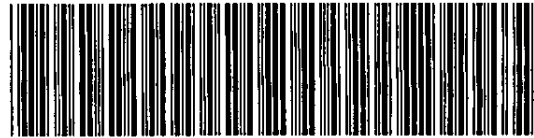
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/31/16--01012--019 **78.75

FILED
2016 OCT 31 AM 11:06
CLERK OF STATE
TALLAHASSEE, FLORIDA

V HERRING
NOV - 2 2016

COVER LETTER

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

SUBJECT: MAD DESIGNS 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: MAYRA VILLALONA

Name (Printed or typed)

1349 NW 129 WAY

Address

SUNRISE, FL 33323

City, State & Zip

954-512-3237

Daytime Telephone number

MAYRAVILLALONA@YAHOO.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)

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ARTICLE I NAME

The name of the corporation shall be: MAD DESIGNS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1349 NW 129 WAY

SUNRISE, FL 33323

Mailing address, if different is:

PO BOX 19625

FORT LAUDERDALE, FL 33318

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To lend money, invest and reinvest its funds

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAYRA VILLALONA - PRESIDENT

Name and Title: _____

Address 1349 NW 129 WAY

Address: _____

SUNRISE, FL 33323

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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2016 OCT 31 AM 11:06

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: MAYRA VILLALONA
Address: 1349 NW 129 WAY
SUNRISE, FL 33323

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MAYRA VILLALONA
Address: 1349 NW 129 WAY
SUNRISE, FL 33323

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/25/2016 (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

10-26-16

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.

Required Signature/Incorporator

10/26/2016

Date