

P16000091454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

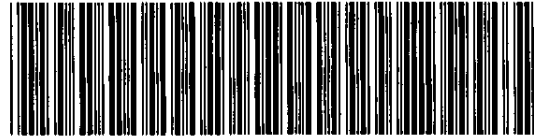
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
2016 NOV 14 PM 2:15

*11/16/16*

## COVER LETTER

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

SUBJECT: My Ex For You, 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: CATHERINE MULCAHEY  
Name (Printed or typed)

7 GOLF'S EDGE, APT. A  
Address

WEST PALM BEACH, FL 33417  
City, State & Zip

561-827-7668  
Daytime Telephone number

MULCAHEY@GMX.US  
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: MY EX FOR YOU, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5201 VILLAGE BLVD.  
WEST PALM BEACH, FL 33407

7 GOLF'S EDGE, APT. A  
WEST PALM BEACH, FL 33417

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ALL LAWFUL PURPOSES

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CATHERINE MULCAHEY, PRESIDENT

Address 5201 VILLAGE BLVD.  
WEST PALM BEACH,  
FL 33407

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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2016 NOV 14 PM 2:15  
CLERK OF DISTRICT COURT  
WEST PALM BEACH, FL

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: CATHERINE MULCAHEY

Address: 5201 VILLAGE BLVD.

WEST PALM BEACH, FL 33407

**ARTICLE VII INCORPORATOR**

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

Name: CATHERINE MULCAHEY

Address: 5201 VILLAGE BLVD

WEST PALM BEACH, FL 33407

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

Catherine Mulcahey  
Required Signature/Registered Agent

11-8-16  
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.*

Catherine Mulcahey  
Required Signature/Incorporator

11-8-16  
Date

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
DATE NOV 16 PM 2:15