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**DATE: 12/6/16**

**NAME: MOVE INTERACTIVE CORPORATION**

**TYPE OF FILING: ARTICLES**

**COST: 70.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## COVER LETTER

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

**SUBJECT:** Move Interactive Corporation

(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Les Kocsis  
\_\_\_\_\_  
Name (Printed or typed)  
  
201 SE 2nd Ave, #3204  
\_\_\_\_\_  
Address  
  
Miami, FL 33131  
\_\_\_\_\_  
City, State & Zip  
  
305-323-3225  
\_\_\_\_\_  
Daytime Telephone number  
  
les.kocsis@move-ic.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA

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

**FILED**

**ARTICLE I NAME**      Move Interactive Corporation  
The name of the corporation shall be: \_\_\_\_\_

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**ARTICLE II PRINCIPAL OFFICE**  
Principal ~~street~~ address: \_\_\_\_\_

Mailing address, if different is: \_\_\_\_\_  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

201 SE 2nd Ave, #3204

Miami, FL 33131

**ARTICLE III PURPOSE**      The Corporation may engage in the transaction of any or all  
The purpose for which the corporation is organized is: \_\_\_\_\_  
lawful business for which corporations may be incorporated under the laws of the State of Florida.

**ARTICLE IV SHARES**      2,000,000  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title:	Les Kocsis	Name and Title:	_____
Address	201 SE 2nd Ave, #3204	Address:	_____
	Miami, FL 33131		_____

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

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

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: Les Kocsis  
Address: 201 SE 2nd Ave, #3204  
Miami, FL 33131

**ARTICLE VII INCORPORATOR**

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

Name: Les Kocsis  
Address: 201 SE 2nd Ave, #3204  
Miami, FL 33131

**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*

\_\_\_\_\_  
Required Signature/Registered Agent

12/5/2016

\_\_\_\_\_  
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

12/5/2016

\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA