

PN000036515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP, ☐ WAIT ☐ MAIL

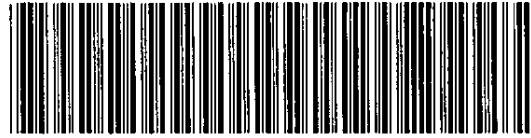
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
17 APR 24 PM 8:41

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: _____

Mad Crafters

(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: _____

Eric Copeland

Name (Printed or typed)

PO box 407

Address

Newton AL 36352

City, State & Zip

229-456-0595

Daytime Telephone number

copelanderic01@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: Mad Crafters INC

ARTICLE II PRINCIPAL OFFICE

186 pr 14th
Newton, AI
36352

Principal street address

PO Box 404
Newton AI 36352

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Remodeling and
Construction

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eric Capeland Name and Title: President

Address: 6401 Tenn. St Address: Same
lot 24 Tall, FL
32904

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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DIVISION OF CORPORATIONS
17 APR 21 PM 8:41

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:

Eric Capeland

Address:

6401 Tenn. St

lot 24 Tall, FL 32304

ARTICLE VII INCORPORATOR

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

Name:

Eric Capeland

Address:

6401 Tenn. St

lot 24 Tall, FL 32304

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

Eric Capeland

Required Signature/Registered Agent

4-24-17

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.

Eric Capeland

Required Signature/Incorporator

4-24-17

Date