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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

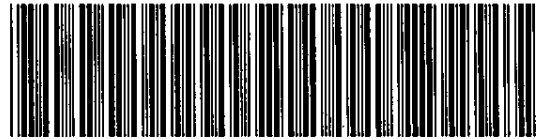
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05/11/17

**FLORIDA PROFIT SOCIAL PURPOSE CORPORATION**

**COVER LETTER**

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

**SUBJECT:** \_\_\_\_\_

*MMW OF Citrus County, 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:** \_\_\_\_\_

*Matthew Wein*

Name (Printed or typed)

*1913 Kimberly Lane*

Address

*Inverness, FL 34452*

City, State & Zip

*(203) 770-7617*

Daytime Telephone number

*misterwein@hotmail.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 FOR FLORIDA PROFIT SOCIAL PURPOSE CORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the social purpose corporation shall be MMW OF Citrus County Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1913 Kimberly Ln.  
Inverness, FL 34452

**ARTICLE III SOCIAL PURPOSE STATEMENT AND BUSINESS PURPOSE**

The corporation elects to be a social purpose corporation in accordance with s. 607.503, F.S.

The business purpose and public benefit(s) for which the corporation is organized are:

To purchase, improve, develop, hold, and own  
real estate, and lease, mortgage, and sell the same.

The specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)**

Name and Title: Matthew Wein (President) Name and Title: \_\_\_\_\_

Address 1913 Kimberly Ln. Address: \_\_\_\_\_  
Inverness FL 34452

Name and Title: Ashley McDonald (Secretary) Name and Title: \_\_\_\_\_

Address 1913 Kimberly Lane Address: \_\_\_\_\_  
Inverness FL 34452

Name and Title: Greg McDonald (Vice Pres) Name and Title: \_\_\_\_\_

Address 1913 Kimberly Ln Address: \_\_\_\_\_  
Inverness FL 34452

If applicable, BENEFIT DIRECTOR:

Name : \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applicable, BENEFIT OFFICER:

Name: \_\_\_\_\_

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Matthew Wein

Address: 1913 Kimberly Ln.  
Inverness FL 34452

**ARTICLE VII INCORPORATOR**

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

Name: Matthew Wein

Address: 1913 Kimberly Ln  
Inverness FL 34452

**ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:**

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

Matthew Wein  
Required Signature/Registered Agent

5/5/17  
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.

Matthew Wein  
Required Signature/Incorporator

5/5/17  
Date

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TALLAHASSEE, FLORIDA