

PI8000037317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

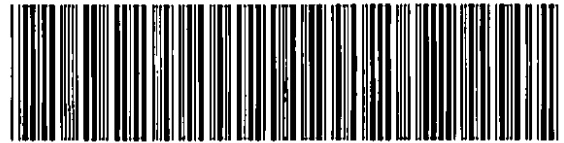
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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Filing cancelled  
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04/26/18--01001--001 \*\*175.00

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2018 APR 25 PM 3:40  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

2018 APR 25 PM 3:34  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. SCHROEDT  
4.25.18

COVER LETTER

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

SUBJECT: Money nation management 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: Jamini Franklin  
Name (Printed or typed)

2660 Old Brainbridge Road  
Address

Tallahassee FL 32308  
City, State & Zip

850 999-96-33  
Daytime Telephone number

upstate music 4@gmail.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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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: money nation management, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address  
427 South Stewart St Suite 80  
Quincy FL 32351

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Helping out the community

ARTICLE IV SHARES

The number of shares of stock is: 10000

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2018 APR 25 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jamal Franklin

Name and Title: Chief executive officer

Address: 2660 Old Bainbridge Rd  
Tallahassee FL 32303

Name and Title: Monique barrow

Name and Title: Secretary

Address: 1747 Capital Circle  
Tallahassee FL 32308

Name and Title: Kyle barrow

Name and Title: Chief financial officer

Address: 2660 Old Bainbridge Rd  
Tallahassee FL 32303

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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: Jamal Franklin  
Address: 2660 Old Brainbridge RD  
Tallahassee FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jamal Franklin  
Address: 2660 Old Brainbridge Road  
Tallahassee FL 32303

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/25/2018 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

J

Required Signature/Registered Agent

04/25/2018  
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.

J

Required Signature/Incorporator

04/25/2018  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA