

P190000018905

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(Business Entity Name)

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19 MAR -7 AM 10:49

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2019 MAR -7 AM 11:08  
CLERK OF SUPERIOR COURT  
ALABAMA STATE CAPITAL

## COVER LETTER

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

**SUBJECT:** MAFIA DOLLZ, 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      ☐ \$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:** SHANNON ROSIER

\_\_\_\_\_  
Name (Printed or typed)

PO BOX 16375

\_\_\_\_\_  
Address

TALLAHASSEE, FL 32317

\_\_\_\_\_  
City, State & Zip

850-877-6362

\_\_\_\_\_  
Daytime Telephone number

shannon@rosierco.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: MAFIA DOLLZ, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2901 EAST PARK AVENUE

TALLAHASSEE, FL 32301

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: MARA BOWDEN, PRESIDENT

Address: 2901 EAST PARK AVENUE

TALLAHASSEE, FL 32301

Name and Title: JAMES MARLON BOWDEN, V.P.

Address: 2901 EAST PARK AVENUE

TALLAHASSEE, FL 32301

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

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

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

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

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

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

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

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

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TALLAHASSEE, FL 32301

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: SHANNON ROSIER  
Address: 1882 CAPITAL CIRCLE NE STE 102  
TALLAHASSEE, FL 32308

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SECRETARY OF STATE  
TALLAHASSEE, FL 32309

**ARTICLE VII INCORPORATOR**

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

Name: SHANNON ROSIER  
Address: 1882 CAPITAL CIRCLE NE STE 102  
TALLAHASSEE, FL 32308

**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 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*

Shannon Rose  
Required Signature/Registered Agent

3/6/2019  
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.*

Shannon Rose  
Required Signature/Incorporator

3/6/2019  
Date