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(Requestor's Name)

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(City/State/Zip/Phone #)

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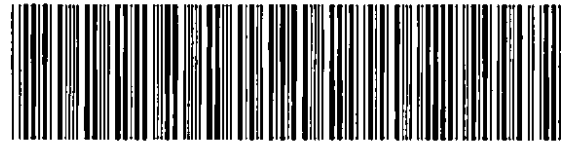
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/10/19--01002--004 **350.00

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RECEIVED
JUN 10 2019 10:00 AM
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

D. O'KEEFE
JUN 07 2019

COVER LETTER

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

SUBJECT: MORIOX 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: MORIOX INC.,

Name (Printed or typed)

4600 TOUCHTON RD E

Address

JACKSONVILLE FL 32216

City, State & Zip

888 598 1161

Daytime Telephone number

INFOCORPS00@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: MORIOX INC..

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4600 TOUCHTON RD E

JACKSONVILLE FL 32216

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LASHONDA MOORE P

Name and Title:

Address 4600 TOUCHTON RD E

Address:

JACKSONVILLE FL 32202

Name and Title: LASHONDA MOORE S

Name and Title:

Address 4600 TOUCHTON RD E

Address:

JACKSONVILLE FL 32216

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: COREY WHITE

Address: 1301 RIVERPLACE BLVD

JACKSONVILLE FL 32207

ARTICLE VII INCORPORATOR

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

Name: LASHONDA MOORE

Address: 4600 TOUCHTON RD E

JACKSONVILLE FL 32216

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

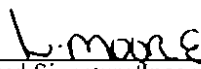


Required Signature/Registered Agent

06/05/19

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

06/05/19

Date

2619
AT: ASSISTANT
M. G. 0