

PI9000060881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

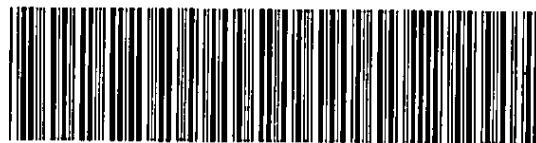
(Document Number)

Certified Copies _____ Certificates of Status _____

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07/25/19--01006---015 **78.75

07/25/2019

2019 JUL 25 AM 11:26

COVER LETTER

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

SUBJECT: ME 2 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: MAHER ELHELW

Name (Printed or typed)

638 ARBOR GLEN CIR

Address

LAKELAND, FL 33805

City, State & Zip

813-900-6204

Daytime Telephone number

bonappetitdistribution@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: ME 24 INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

638 ARBOR GLEN CIR

LAKELAND, FL 33805

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PASTRY SALES AND DISTRIBUTION.

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAHER ELHELW, PRESIDENT

Name and Title: 

Address 638 ARBOR GLEN CIR

Address:

LAKELAND, FL 33805

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
JUL 25
AM 11:26
CLERK OF DISTRICT COURT
JUL 25 2011

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: MAHER ELHELW _____

Address: 638 ARBOR GLEN CIR _____

LAKELAND, FL 33805 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MAHER ELHELW _____

Address: 638 ARBOR GLEN CIR _____

LAKELAND, FL 33805 _____

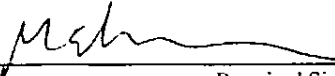
ARTICLE VIII EFFECTIVE DATE:

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

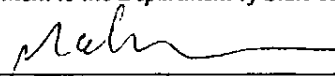


Required Signature/Registered Agent

7/18/19

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

7/18/19

Date