

PI 9 0000 63684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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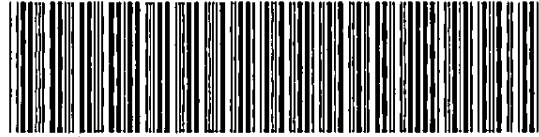
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 AUG 14, 2019 4:56

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2019 AUG 14 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. SAMS
AUG 14 2019

COVER LETTER

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

SUBJECT: M & E FRAMING 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: Middletan & Middletan PA
Name (Printed or typed)

1469 MARKET ST
Address

Tallahassee FL 32312
City, State & Zip

(850) 815 0256
Daytime Telephone number

BIZ-SERVICES.FL@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: M & E FRAMING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

903 W Hiawatha st
Tampa FL ~~33603~~ 33603 SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

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TAMPA, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P

Name and Title: _____

Address Esperanza

Address: 1706 W Henry Ave

Mendoza

Tampa FL

33603

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Middleton & Middleton PA
Address: 1469 Market St
Tallahassee FL 32312

ARTICLE VII INCORPORATOR

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

Name: Karen Ariza
Address: 1469 Market St
Tallahassee FL 32312

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TALLAHASSEE, FLORIDA

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

8.14.19
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

8.14.19
Date