

P20000015816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Jocelyn

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AUTHORIZATION BY PHONE TO

correct

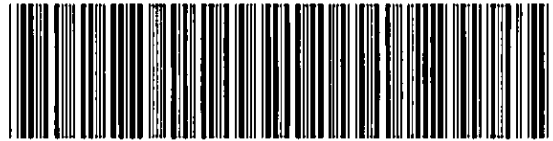
Art IV

Date

2/24/20

U.S. EXAM.

Office Use Only



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02/21/20--01012--017 \*\*78.75

2020 FEB 21 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FL 20170220 12:56

FILED

## COVER LETTER

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

SUBJECT: Makpro III Corp.  
(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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Michael Anthony Kattan Mills  
Name (Printed or typed)

1330 NW 154<sup>th</sup> LN  
Address

Pembroke Pines FL 33028  
City, State & Zip

(754) 244 - 0141  
Daytime Telephone number

professionals.contact@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: Makpro III Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
17171 Pines Blvd  
Pembroke Pines FL 33027

Mailing address, if different is:

1330 NW 154th LN  
Pembroke Pines FL 33028

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Repair cell phones  
and sales cell phone & tablets

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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TALLAHASSEE, FL

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

President

Name and Title: Michael Anthony Kotten M/E Name and Title: \_\_\_\_\_

Address: 1330 NW 154th LN Address: \_\_\_\_\_  
Pembroke Pines FL 33028

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: Michael Anthony Katten Mills

Address: 1330 NW 154th LN  
Pembroke Pines FL 33028

**ARTICLE VII INCORPORATOR**

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

Name: Michael Anthony Katten Mills

Address: 1330 NW 154th LN  
Pembroke Pines FL 33028

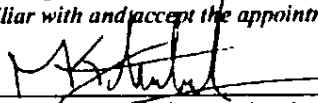
**ARTICLE VIII EFFECTIVE DATE:**

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*

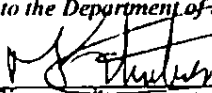


Required Signature/Registered Agent

2/13/2020

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

2/13/2020

Date

FILED

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TALLAHASSEE, FL