

P20000078332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

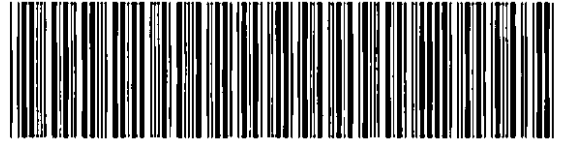
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/07/20--01007--017 **70.00

C RiCO

OCT 09 2020

COVER LETTER

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

SUBJECT: Ignite 1A MWA 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

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

FROM: Sudaan Carter
Name (Printed or typed)

5231 N Dixie Hwy
Address

Fort Lauderdale FL 33335
City, State & Zip

754 214 9460
Daytime Telephone number

C.sudaan@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

Document # W20000036282

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: Ingnite MWA Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5231 N Dixie hwy
Ft Lauderdale FL 33335

Mailing address, if different is:
P.O. Box 330394
Ft Lauderdale FL 33335

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to develop and help business with
custom made applications and web development. Also provide
digital marketing services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sudhan Carter (P)

Address: 5231 N Dixie
(P) Fort Lauderdale
Fort Lauderdale FL 33335

Name and Title: Samuel Williams

Address: P.O. Box 439
Accokeek, MD 20607 (VP)
20607 20607

Name and Title: Lanita McGee (S)

Address: 5965 N Turtle creek Dr
Fairfield, OH 45014
(S)

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: Sudann Carter

Address: 5231 N Dixie hwy

Fort Lauderdale FL 33335

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sudann Carter

Address: 5231 N Dixie hwy

Fort Lauderdale FL 33335

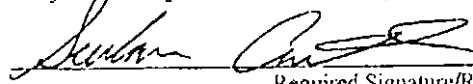
ARTICLE VIII EFFECTIVE DATE:

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.)

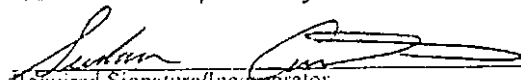
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

8/1/20
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

8/1/20
Date