

P21000035936

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TALLAHASSEE, FL

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 4/21/2021

NAME: MEMO SALES INC

TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: MEMO SALES INC

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

75 RENGECY LAKE DRIVE

75 RENGECY LAKE DRIVE

BOCA RATON, FL 33433

BOCA RATON, FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SALES

To engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MELVYN MOSKOWITZ, President

Name and Title:

Address 75 RENGECY LAKE DRIVE

Address:

BOCA RATON, FL 33433

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: MELVYN MOSKOWITZ
 Address: 75 RENGECY LAKE DRIVE
BOCA RATON, FL 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

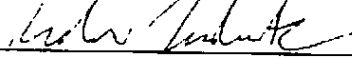
Name: MELVYN MOSKOWITZ
 Address: 75 RENGECY LAKE DRIVE
BOCA RATON, FL 33433

ARTICLE VIII EFFECTIVE DATE:

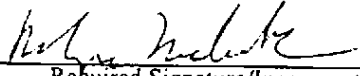
Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

x <u></u>	<u>4/21/21</u>
Required Signature/Registered Agent	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.

x <u></u>	<u>4/21/21</u>
Required Signature/Incorporator	Date

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 DEPARTMENT OF STATE
 TALLAHASSEE, FL

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