

11/15/21 9:30 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H210004211293ABCW

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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC
 Account Number : I20190000062
 Phone : (239)850-9451
 Fax Number : (866)929-0535

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mikekcola29@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

~~RAKI, INC~~ Mark Hearts INC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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LED

Electronic Filing Menu

Corporate Filing Menu

Help

(H21000421193)

Thank You,

Kathy Long

Mailing address:
1334 SE 3rd Street,
Cape Coral, Fl 33990

239-850-9451
psfb@comcast.net

2021 Nov 16 PM 1:36
FD

850-617-6381

11/15/2021 7:22:55 PM PAGE 1/001 Fax Server

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November 15, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PERMITTING SPECIALIST OF FOOD

SUBJECT: RAKI, INC
REF: W21000147544

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L13000115915.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline FAX Aud. #: H21000421129
Regulatory Specialist II Supervisor Letter Number: 621A00027745

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P.O. BOX 6327 - Tallahassee, Florida 32314

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COVER LETTER

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

SUBJECT: M&K HEARTS, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED**FROM:** M&K HEARTS, INCName (Printed or typed)814 SW PINE ISLAND RD #102-103AddressCAPE CORAL, FL 33991City, State & Zip586-265-8832Daytime Telephone numberMIKELKOLA29@GMAIL.COME-mail address: (to be used for future annual report notification)**NOTE: Please provide the original and one copy of the articles.**

2021 NOV 16 PM 1:36

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(H210004211293)

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: M&K HEARTS, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
814 SW PINE ISLAND RD #102-103CAPE CORAL, FL 33991Mailing address, if different is:
814 SW PINE ISLAND RD #102-103CAPE CORAL, FL 33991**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and all lawful business**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MIKEL KOLA / PRESIDENT

Name and Title: _____

Address 814 SW PINE ISLAND RD

Address: _____

UNIT 102 & 103CAPE CORAL, FL 33991

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 NOV 16 PM 1:36

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Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MIKEL KOLA
 Address: 814 SW PINE ISLAND RD #102-103
CAPE CORAL, FL 33991

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: MIKEL KOLA
 Address: 814 SW PINE ISLAND RD #102-103
CAPE CORAL, FL 33991

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 11/12/2021 (OPTIONAL)

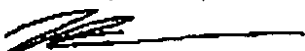
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

11/12/2021

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

11/12/2021

Date

(H210004211293)

2021 NOV 15 PM 1:36

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