

P2/000104219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

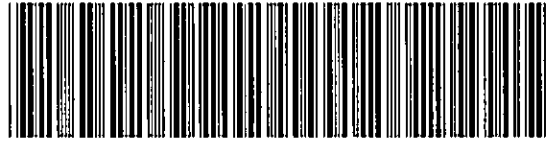
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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DEC 14 2021 10:20 AM

DEC 14 2021 10:20 AM

DEC 16 2021

T. SCOTT

1. *Chlorophyll a* and *Chlorophyll b* were determined by the method of Arar and Collins (1971).

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

SUBJECT: Maung Family Corp

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: Khin Maung Maung

Name (Printed or typed)

5032 Greenway Ct.,

Address

North Port, FL 34287

City, State & Zip

941-258-6552

Daytime Telephone number

junemaungmaung@yahoo.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: Maung Family Corp.,

ARTICLE II PRINCIPAL OFFICE

Principal street address
5032 Greenway Ct.,
North Port, FL 34287

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Retail Business- make sushi boxes inside supermarket.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Khin Maung Maung
President
Address: 5032 Greenway Ct.
North Port, FL 34287

Name and Title: _____

Address: _____

Name and Title: Khin Maung Maung
Director
Address: 5032 Greenway Ct.
North Port, FL 34287

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

REC'D DEC 14 AM 9:20

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: Khin Maung Maung
Address: 5032 Greenway Ct.
North Port, FL 34287

ARTICLE VII INCORPORATOR

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

Name: Khin Maung Maung
Address: 5032 Greenway Ct.
North Port, FL 34287

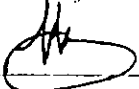
ARTICLE VIII EFFECTIVE DATE:

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.

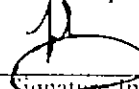
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:



Required Signature/Registered Agent

12.07.21
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

12.07.21
Date