

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : I20170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
MECKME, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

T. SCOTT

FEB 02 2022

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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

SUBJECT: MECKME, 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: MECKME, INC.
Name (Printed or typed)

16950 NORTH BAY ROAD, APT 1615

Address

SUNNY ISLES BEACH, FL 33160

City, State & Zip

(215)280-6113

Daytime Telephone number

MECKME.HELP@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: MECKME, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16950 NORTH BAY ROAD, APT 1615

16950 NORTH BAY ROAD, APT 1615

SUNNY ISLES BEACH, FL 33160

SUNNY ISLES BEACH, FL 33160

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: HANNA KORCHAGINA - P

Name and Title: _____

Address 16950 NORTH BAY ROAD, APT 1615

Address: _____

SUNNY ISLES BEACH, FL 33160

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: HANNA KORCHAGINA

Address: 16950 NORTH BAY ROAD, APT 1615

SUNNY ISLES BEACH, FL 33160

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: HANNA KORCHAGINA

Address: 16950 NORTH BAY ROAD, APT 1615

SUNNY ISLES BEACH, FL 33160

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

Hanna Korchagina

Required Signature/Registered Agent

02/01/2022

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.

Hanna Korchagina

Required Signature/Incorporator

02/01/2022

Date