

P220000015995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

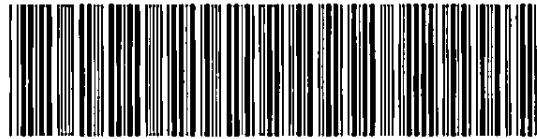
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/03/22--01002--001 **70.00

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SECRETARY OF STATE
TALLAHASSEE, FL

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

70

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 03/02/2022

☐ **CERTIFIED COPY** _____
XX **PHOTOCOPY** _____
☐ **CUS** _____
XX **FILING** INC

1. M2KZ ENTERPRISES INC.
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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: M2KZ ENTERPRISES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

21500 Augusta Avenue
Port Charlotte, FL 33952

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Senior Assisted Placement Franchise

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2022 MAR -2 AM 10:44
CLERK OF STATE
TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marcia Buchla Name and Title: Pres/Sect/Treas/Director

Address: 21500 Augusta Avenue Address: _____
Port Charlotte, FL 33952

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: Marcia Buchla
Address: 21500 Augusta Avenue
Port Charlotte, FL 33952

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AM 10:44

ARTICLE VII INCORPORATOR

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

Name: Marcia Buchla
Address: 21500 Augusta Avenue
Port Charlotte, FL 33952


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

Marcia Buchla  3/1/2022
Required Signature/Registered Agent Marcia Buchla, 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.

Marcia Buchla  3/1/2022
Required Signature/Incorporator Marcia Buchla, Incorporator Date