P23000003456

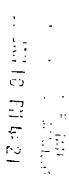
(Re	questor's Name)		_
(Ad	(dress)	<u> </u>	-
(Ad	ldress)		_
(Cit	y/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Name)		
(Do	ocument Number)		
nd Copies	Certificates o	of Status	
eral Instructions to Filin	ng Officer		
			_

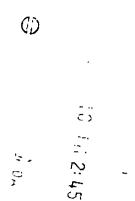
Office Use Only



700400727497

S. CHATHAM
JAN 19 2023





Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 1/18/2023

PRIORITY

Regular Approval

OUR REF # (Order ID#) 1115073

ORDER ENTITY

MOCO SARASOTA, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

MOCO SARASOTA, INC. (FL)

New corp filing

NOTES:

\$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and couner package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, January 18, 2023 Page Lof I

COVER LETTER

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

Moco Sarasota, Inc.

SUBJECT:	Moco Sarasota, Inc				
	(PROPOSED CORPOR)	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an or	iginal and one (1) copy of the ar	ticles of incorporation and	La check for:		
	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee. Certified Copy & Certificate of Status PY REQUIRED		
FROM:	Mary E Van Winkle	e (Printed or typed)			
	3859 Bee Ridge Road, Suite 202				
	Sarasota, FL 34233 City	Address . State & Zip			
	941-923-1685 Daytime	Telephone number			
	Lvanwinkle23@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 1 NAME The name of the corporation	on shall be: Moco Sarasota, Inc.		
·		· · · · · · · · · · · · · · · · · · ·	······································
<u>artiçle II — Princi</u> P	Principal <u>street</u> address	Mailing addres	ss, if different is:
6274 Aventura Lane			
Sarasota, FL 34241		~~	
ARTICLE III PURPOS The purpose for a high the	<u>SE</u> e corporation is organized is:Any a	nd all lawful nurnoses	
the purpose to which the	e corporation is organized is:	ne an lawful pulposes	
·	· · · · · · · · · · · · · · · · · · ·		
			
	· <u> </u>		-
			$\frac{P}{r}$, $\frac{r}{r}$
			3; E
			
			C5 (-)
			
ABTICLE III CHARE	t-		1
ARTICLE IV SHARE. The number of shares of si			0
		-	
ARTICLE V INITIAI	OFFICERS AND/OR DIRECTORS		
Name and Title:	Debra R. Olson , President/Director	Name and Title:	
Address	6274 Aventura Lane	Address:	
_			
-	Sarasota, FL 34241		
_			
			
Name and Title:		Same and Title:	
			1 - 1 1111 - 111
Address _		Address:	
_			
-	-		
-		- -	
Name and Title:_		Name and Title:	
Address		Address:	
·			
-			<u> </u>
_		_	

Name and	l Title:	Name and Title:
Address		Address:
		_
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	Van Winkle & Sams, P.A.	_
Address:	3859 Bee Ridge Road, Suite 202	<u></u>
	Sarasota, FL 34233	
<u>ARȚICLE VII .</u>	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	Mary E. Van Winkle	_ rs . :
Address:	3859 Bee Ridge Road, Suite 202	- :
	Sarasota, FL 34233	
Effective date, if a (If an effective date)	·	. (OPTIONAL) not be more than five days prior or 90 days after the
Note: If the date the document's ef	inserted in this block does not meet the applicabl fective date on the Department of State's records	e statutory filing requirements, this date will not be listed as
	ed as registered agent to accept service of process similiar with and accept the appointment as registe	for the above stated corporation at the place designated in this cred agent and agree to act in this capacity
May	y E.VL Windle	1-17-23
	Required Signature/Registered Agent	Date
I submit this doci document to the E	ument and affirm that the facts stated herein are Department of State constitutes a third degree felo	e true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
May Required Signature	E. Va Winhle re/Incorporator	Date 1-17-23