

P230000 38279

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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T. SCOTT

MAY 16 2023



600399446106

12/21/2022

RECEIVED  
DIVISION OF REVENUE  
TAX DEPARTMENT  
MAY 15 2023

2023 MAY 15 PM 12:00

FILED

## COVER LETTER

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

SUBJECT: MAD CONSULTING, 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: MARK MATHIS  
Name (Printed or typed)

9244 CORMORANT DR.  
Address

NAPLES, FL 34120  
City, State & Zip

952-484-7092  
Daytime Telephone number

MARK@MMMATHIS.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: MAO CONSULTING ~~INC~~ SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9244 CORMORANT DR  
NAPLES, FL 34120

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: COMPUTER NETWORK CONSULTING

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE IV SHARES

The number of shares of stock is: ~~100~~ 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARK MATHIS, CEO Name and Title: \_\_\_\_\_

Address 9244 CORMORANT Address: \_\_\_\_\_

NAPLES, FL 34120 \_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

FILED  
2023 MAY 15 PM 12:02  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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:

N/A

Name: MARK M. MATHIS

Address: 9244 CORMORANT DR.  
NAPLES FL, 34120

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARK MATHIS

Address: 9244 CORMORANT  
NAPLES, FL 34120

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 12/21/22 (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*

[Signature]  
Required Signature/Registered Agent

12/21/22  
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.*

[Signature]  
Required Signature/Incorporator

12/21/22  
Date