P23000 Florida Department of State Division of Spring Cover Sheet

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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION MLE CONCEPTS, INC.

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Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the	NAME s corporation shall be:	MLE CONCEPTS, INC.	
ARTICLE II	PRINCIPAL OFFICE Principal street address 406 S. CYPRESS RD DMPANO BEACH, FL 33060	Mailing address, if di 408 S. CYPRES POMPANO BEACH	SS RD
ARTICLE III The purpose for	<u>PURPOSE</u> r which the corporation is organized is:		
ARTICLE IV The number of s	SHARES 200 Ni	<u>~</u>	ZOZ3 JUN I
ARTICLE V Name a	INITIAL OFFICERS AND/OR DIRECT AND TITLE: MATTHEW L. EICHOLZ - PR		3 PH 4: 32
Addres	9 406 S. CYPRES POMPANO BEACH, F	S RD Address:	#: 32
Name ar	and Title:	Nicola IT's	
Address	nd Title:s		
Name an Address		Name and Title: Address:	

um. 13. 2023 - 4:531	(HAD WOOD ALD	\circ)	No. 0616 P. 3
Name and Ti	tle:	Name and Title:	
Address			
		<u> </u>	
ARTICLE VI REG	ISTERED AGENT a street address (P.O. Box NOT acceptable) of	The registered areas in	
Name:	MATTHEW L. EICHOLZ	mo registered agent is:	
Address:	406 S. CYPRESS RD	•	
P	OMPANO BEACH, FL 33060	· ,	
ARRIGI STATE IN A		•	
ARTICLE VII INC			
The <u>name and addres</u>	s of the Incorporator is:		
Name:	LAWRENCE A. KIRSCH		
Address.	41 STATE STREET, STE 700		
	ALBANY, NY 12207		
ARTICLE VIII EFF	ECTIVE DATE: than the date of filing.	(ODTIONAL)	
(II an effective date is	listed, the date must be specific and cannot	be more than five days price	or or 90 days after the
filing.)			
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Havine heen named as	redistated agent to accent comics of avenues to	method a boundated a constant	
certificate, I am familia	registered agent to accept service of process for ar with and accept the appointment as registere	r me above staten corporation d agent and agree to act in thi	at the place designated in this 's capacity
	S/ Matthew L. Cicholz Required Signature/Registered Agent		06/13/2023
	Required Signature/Registered Agent		Date
I submit this document document to the Depart	t and affirm that the facts stated herein are to Iment of State constitutes a third degree felony	rue. I am aware that the fals as provided for in s.817.155	e information submitted in a F.S.
	Lanene a Girch		06/13/2023
Required Signature/Inc	orporator	Date	

Date