

P23000074169

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 OCT 17 PM 2:21

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COVER LETTER

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

SUBJECT: **MAHONING VALLEY PREMIER 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **ADRIAN MIDDLETON, ESQ**
Name (Printed or typed)

1437 MARKET ST
Address

TALLAHASSEE, FL 32312
City, State & Zip

850 815 0256
Daytime Telephone number

BIZ@SWORDANDSHIELD.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: **MAHONING VALLEY PREMIER INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

<- SAME

3235 CENTER RD POLAND, OH 44514

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **ANY AND ALL LEGAL BUSINESS**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **P - EDMOND THOMAS**

Name and Title: _____

Address **3235 CENTER RD POLAND, OH 44514**

Address: _____

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: SWORD & SHIELD LLC
Address: 1437 MARKET ST
TALLAHASSEE FL 32312

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ARTICLE VII INCORPORATOR

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

Name: KAREN ARIZA
Address: 1437 MARKET ST
TALLAHASSEE FL 32312

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



Required Signature/Registered Agent

9.15.23

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.



Required Signature/Incorporator

9.15.23

Date