P24000006340

(Requestor's Name)					
(Address)					
(Address)					
(riddiess)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Bosiness Elliky Harrie)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500421349945

01/25/24--01001--028 **78.75

ALI ALIASSELLI LORIDA SEORE I ALYXINI NI ALIE

2024

CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

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:	BROOK 1/25
XX	CERTIFIED COPY	
	РНОТОСОРУ	
	GS	
XX	FILING	INC
1.	M&P CHRIST INC.	
	(CORPORATE NAME AND DOCUMENT	Γ#)
2.		
	(CORPORATE NAME AND DOCUMENT	Γ #)
3.		
	(CORPORATE NAME AND DOCUMENT	Γ#)
4.		
	(CORPORATE NAME AND DOCUMENT	Γ#)
5.		
	(CORPORATE NAME AND DOCUMENT	[#]
6.	(CORPORATE NAME AND DOCUMENT	Γ #)
	(CORPORATE NAME AND DOCUMEN)	ι <i>π)</i>
SPECIA INSTRU	AL UCTIONS:	

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

CLE I NAM une of the corpo	oration shall be: M&P Christ Inc.		
Principal street address 0 W Mariana Ave orth Fort Myers, FL 33903		Mailing address, if different is: 120 W Mariana Ave North Fort Myers, FL 33903	
ICI.E III PUR ourpose for whic	POSE h the corporation is organized is:	d All Lawful Business	
CLE V INIT	Michael Christ, DDST		
Address	120 W Mariana Ave	Name and Title: Address:	
Name and Tit		Name and Title:	
Address			
	lc:	Name and Title:	
Address	<u></u>		

Name and Title:		Name and Title:	
Address	A	Address:	
			
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the	registered agent is:	
Name:	Registered Agents Inc.	regimered agent is:	
Address:	7901 4th St N Ste 300		
Tidatess.	St. Petersburg, FL 33702		
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Amanda J. Beren		
Address:	31416 Agoura Rd Ste. 118		
	Westlake Village, CA 91361		
Effective date, if of	EFFECTIVE DATE: 01/25/2024 other than the date of filing: 01/25/2024 atc is listed, the date must be specific and cannot be	(OPTIONAL) e more than five days prio	r or 90 days after the
Note: If the date the document's of	inserted in this block does not meet the applicable stat fective date on the Department of State's records.	utory filing requirements, t	his date will not be listed as
Having been name certificate, I am fa	ed as registered agent to accept service of process for the miliar with and accept the appointment as registered a	ne above stated corporation igent and agree to act in thi	at the place designated in this s capacity
	Divid X Boents		01/25/2024
	Required Signature/Registered Agent		Date
I submit this docu document to the D	iment and affirm that the facts stated herein are true epartment of State constitutes a third degree felony as	e. I am aware that the false provided for in s.817.155, I	e information submitted in a F.S.
	AJB		01/25/2024
Required Signature/Incorporator		Date	
			2024