

TRANSMITTAL LETTER

Division of Corporations
P.O. Box 321
Tallahassee, FL 32311

SUBJECT: "Maci, Inc."
(Proposed corporate name - must include suffix)

400002021554--3
-12/06/96--01007--013
****122.50 ****122.50

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee
Certified Copy
& Certificate

Additional Copy Required

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 DEC -5 PM 3:28

FILED

FROM: Mr. Laszlo Kiss
Name (printed or typed)

913 Sheldon Ave
Address

Leligh Acres, Florida 33936
City, State & Zip

(941) 939-7747
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

October 22, 1996

LASZLO KISS
913 SHELDON AVE.
LEHIGH ACRES, FL 33936

SUBJECT: MACI INC.
Ref. Number: W96000022431

We have received your document for MACI INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$122.50.

Bylaws are not filed with this office. Please retain them for your records.

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (904) 487-6052.

Sandy Ng
Document Specialist

Letter Number: 596A00048575

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: "Maci, Inc."

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TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

POTT'S Doggie Shop
3570 Fowler St.
FT. Myers, FL. 33907

send →
mail
to

Mr. Laszlo Kiss
913 Sheldon Ave.
Lehigh Acres, FL. 33936

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 per/share holder.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LASZLO KISS
913 Sheldon Ave.
Lehigh Acres, FL. 33936

ARTICLE V , INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Mr. Laszlo Kiss
913 Sheldon Ave.
Lehigh Acres, FL 33934

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

10 day of October, 19 96.

(An additional article must be added if an effective date is requested.)

* *Laszlo Kiss* / President
Signature

Carmen Y. Santiago / Vice President
Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: "Maci, Inc."
2. The name and address of the registered agent and office is:

Mr. Laszlo Kiss
(NAME)

913 Sheldon Ave.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Lehigh Acres, Florida 33936
(CITY/STATE/ZIP)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

X Laszlo Kiss
(SIGNATURE)

October 10, 1996
(DATE)