

N23 000000 644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

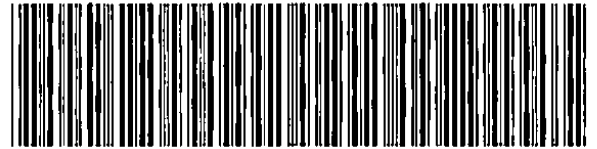
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer.

Office Use Only



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23 JAN 24 PM 5:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01/25/23--01002--005 \*\*70.00



2023 JAN 24 PM 3:20

COVER LETTER

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

SUBJECT: Mainstreet Merchants Alliance Corp.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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 of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

23 JAN 24 PM 5:36  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

FROM: David Ramba  
Name (Printed or typed)

120 S Monroe Street  
Address

Tallahassee, FL 32301  
City, State & Zip

850-727-7087  
Daytime Telephone number

david@rambalaw.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 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Mainstreet Merchants Alliance Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address:	Mailing address, if different is:
<u>120 S Monroe Street</u>	_____
<u>Tallahassee, FL 32301</u>	_____
_____	_____
_____	_____

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To promote/protect small business rights in the state of Florida

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: As provided for in the

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

**FILED**  
23 JAN 24 PM 5:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: David Ramba

Address: 120 S Monroe Street

Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: David Ramba

Address: 120 S Monroe Street

Tallahassee, FL 32301

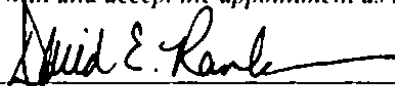
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: January 24, 2023 (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 the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

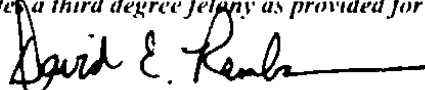


Required Signature of Registered Agent

January 24, 2023

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

January 24, 2023

Date

23 JAN 24 PM 5:38  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

FILED