

PI 2000047238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

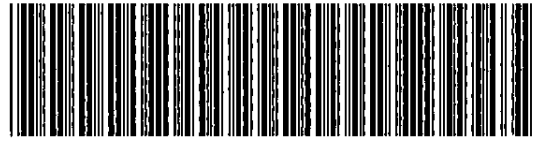
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/21/12--01052--002 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 21 AM 11:09

Ps of 22/12

COVER LETTER

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

SUBJECT: Michael Mocerì, 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 Filing Fee \$78.75 Filing Fee & Certificate of Status

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

FROM: Michael Mocerì

Name (Printed or typed)

3400 NE 192 ST PH2

Address

Aventura, FL 33180

City, State & Zip

248-240-3032

Daytime Telephone number

mocerì.mike@gmail.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 MAY 21 AM 11:10

ARTICLE I NAME

The name of the corporation shall be: Michael Mocerri, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
3400 NE 192 ST PH2
Aventura, FL 33180

Mailing address, if different is:
3400 NE 192 ST PH2
Aventura, FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Real Estate Brokerage and Construction Related Services

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Michael Mocerri, President</u>	Name and Title: _____
Address: <u>3400 NE 192 ST PH2</u>	Address: _____
<u>Aventura, FL 33180</u>	_____

Name and Title: <u>Michael Mocerri, Secretary/ Treasurer</u>	Name and Title: _____
Address: <u>3400 NE 192 ST PH2</u>	Address: _____
<u>Aventura, FL 33180</u>	_____

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:

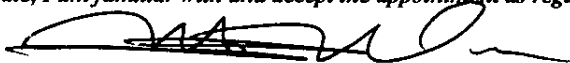
Name: Michael Mocerri
Address: 3400 NE 192 ST PH2
Aventura, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Mocerri
Address: 3400 NE 192 ST PH2
Aventura, FL 33180

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

5/17/12

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

5/17/12

Date