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(Requestor's Name)

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(Business Entity Name)

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16 MAY 16 AM 10:50
SECRETARY OF STATE
DIVISION OF CORPORATIONS

MAY 23 2016

T. SCOTT

COVER LETTER

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

SUBJECT: Micks Beach Hideaway 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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Micky Pedersen

Name (Printed or typed)

6 Birchwood Trail

Address

Ormond Beach Florida 32174

City, State & Zip

386-383-9700

Daytime Telephone number

mickypedersen@yahoo.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: Micks Beach Hideaway INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

6 Birchwood Trail

Ormond Beach

Florida 32174

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

FILED
CLERK OF CIRCUIT COURT
DIVISION OF CORPORATIONS
16 MAY 16 AM 10:50

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Micky Pedersen, President

Address: 6 Birchwood Trail

Ormond Beach FL32174

Name and Title: Micky Pedersen, Secretary

Address: 6 Birchwood Trail

Ormond Beach FL32174

Name and Title: Micky Pedersen, Treasurer

Address: 6 Birchwood Trail

Ormond Beach FL32174

Name and Title: Micky Pedersen, Director

Address: 6 Birchwood Trail

Ormond Beach FL32174

Name and Title:

Address:

Name and Title:

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: Micky Pedersen
Address: 6 Birchwood Trail
Ormond Beach FL32174

ARTICLE VII INCORPORATOR

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

Name: Micky Pedersen
Address: 6 Birchwood Trail
Ormond Beach FL32174

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 business days prior or 90 business 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 5-13-2016
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 5-13-2016
Date