

714000001981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

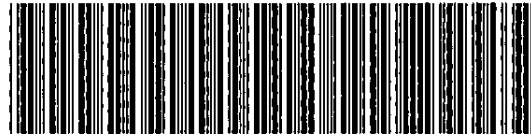
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 24 AM 9:03

COVER LETTER

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

SUBJECT: Butler Miami 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: Enon Butler

Name (Printed or typed)

11501 West Biscayne Canal Rd

Address

Miami, Florida 33161

City, State & Zip

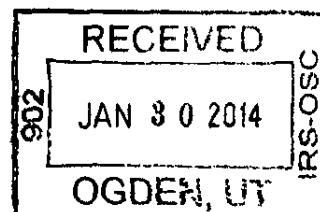
786-385-7688

Daytime Telephone number

ButlerMiami@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)

ARTICLE I NAME

The name of the corporation shall be: Butler Miami, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

11501 West Biscayne Canal Rd
Miami, Florida 33161

Mailing address, if different is:

PO Box 530119
Miami Shores FL
33153-0119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide customer service via telephone from home.

ARTICLE IV SHARES 100

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Enon Butler, CEO

Address 11501 West Biscayne Canal Rd
Miami, Florida 33161

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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(cont.)

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: Enon Butler
Address: 11501 West Biscayne Canal Rd
Miami, Florida 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Enon Butler
Address: 11501 West Biscayne Canal Rd
Miami, Florida 33161

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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

Enon Butler

Required Signature/Registered Agent

1/14/2014

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.

Enon Butler

Required Signature/Incorporator

1/16/2014

Date