

TRANSMITTAL LETTER

P000000 42608

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

SUBJECT: MIKE RUSSELL, INC.
(Proposed corporate name - must include suffix)

700003226947--7
-04/27/00--01070--014
*****78.75 *****78.75

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 of Status

ADDITIONAL COPY REQUIRED

FROM: Norman A. Share, Esquire
Name (Printed or typed)

50 NW 14th Street
Address

Homestead, Florida 33030
City, State & Zip

(305) 247-5207
Daytime Telephone number

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

00 APR 27 PM 3:08

FILED

11183

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

RECEIVED

APR 27 2000

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: MIKE RUSSELL, INC.

ARTICLE II PRINCIPAL OFFICE

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

480 SE 20th Lane, Homestead, FL 33033

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Norman A. Share, Esquire
50 NW 14th Street
Homestead, Florida 33030

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

MIKE RUSSELL
480 SE 20th Lane HOMESTEAD, FL. ##)##

Michael Russell

Signature/Incorporator

4/25/00

Date

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

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.

Norman A. Share

Signature/Registered Agent

4/18/00

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 APR 27 PM 3:08

FILED