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TRANSMITTAL LETTER

OZ JAN 10 AM 11:23
TALLARASSEE FORM

*****78.75

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

SUBJECT: MICHAGIS Compare Remodeling INC

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

□ \$87.50

Filing Fee

Filing Fee Certified Copy

& Certified Copy Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

Michael Dipple

1424 Lotus Path Clearwater FL 33756

Daytime Telephone number (727) 443-1048

DB.

ARTICLES OF INCORPORATION OF Michael's Complete Remodeling, Inc.

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ARTICLE ONE

The name of the corporation is Michael's Complete Remodeling, Inc. .

ARTICLE TWO

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

1424 Lotus Path, Clearwater FL 33756

ARTICLE THREE

The purpose for which the corporation is organized is the transaction of any and all lawful business for which corporations may be incorporated under the Florida Business Corporation Act.

ARTICLE FOUR

The aggregate number of shares which the corporation shall have authority to issue is 1000 shares of common stock with no par value.

ARTICLE FIVE

The street address of its initial registered office is 1424 Lotus Path, Clearwater FL 33756,, and the name of its initial registered agent at such address is Michael Dipple.

ARTICLE SIX

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

Michael Dipple, 1424 Lotus Path, Clearwater FL 33756

Signature of Incorporator

Date

Having been named as registered agent and to accept service of process for tile above stated corporation at tile place designated in this certificate, I hereby accept tile 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 tile obligations of in position as registered agent.

Signature of Registered Agent

S O)
Date