Department on the Company of the Com

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

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(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	ODE SUFFIX)		
inal and one (1) copy of the arti	cles of incorporation and	l a check for:	ı	
☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
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St August City, 904-791	ine FL. 3 State & Zip 0141	2086	02 JUL 29 PM 1:40	SECRETARY OF STATE
	(PROPOSED CORPORA inal and one (1) copy of the arti \$78.75 Filing Fee & Certificate of Status Michael Name 410 Warrson St. August City, 904-790	inal and one (1) copy of the articles of incorporation and \$78.75 Filing Fee & Certificate of Status ADDITIONAL CO MICHAEL Kevin Weiner Manne (Printed or typed) 40 Watson Rd Address	inal and one (1) copy of the articles of incorporation and a check for: \$\begin{align*} \text{S78.75} & \text{S87.50} & \text{Filing Fee} & \text{Filing Fee} & \text{Filing Fee}, & \text{Certified Copy} & \text{Certificate of Status} & \text{ADDITIONAL COPY REQUIRED} \\ \text{MICHAEL Kevin Weidner Mame (Printed or typed)} & \text{Address} \\ \text{S4. Augustive State & Zip} & \text{GOMED OF TOMAL COPY REQUIRED} \\ \text{City, State & Zip} & \text{GOMED OF TOMAL COPY REQUIRED} & \text{City, State & Zip} & \text{City, State & Zip} & \text{City, State & Zip} & \text{City} & \text{City State & Zip} & Ci	inal and one (1) copy of the articles of incorporation and a check for: \$78.75 Filing Fee & Certificate of Status **ADDITIONAL COPY REQUIRED** **Name (Printed or typed)** **Howard Rd Address** St. Augustine Telephone number** **The Proposed Corporation and a check for: \$78.75 Filing Fee Filing Fee, **Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED **The Printed or typed** **The Printed Of Status Copy **The Printed Of Status Copy

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

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I The name of the corporation shall be: Mike Weidner Inc. PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: 410 Watson Rd. St Augustine FL 32086 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: Saf employed corporating ARTICLE IV SHARES The number of shares of stock is: \ OO ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): REGISTERED AGENT ARTICLE VI The name and Florida street address of the registered agent is: Michael Weidner 410 Watson Rd ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Michael Wei Liner 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