

PO2000102917

Requester's Name

Address

Michael Rossner
340 NE 44 Ct.
Pompano Beach, FL 33064

e #

Office Use Only

FILED
02 SEP 28 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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*****78.75 *****78.75

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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Examiner's Initials

CERTIFICATE OF INCORPORATION
OF

MIKE'S RECOVERY RESIDENCE INC

WE, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the laws of the State of Florida, by and under the Provisions of the Statutes of the said State of Florida.

ARTICLE I

The name of this Corporation shall be:

MIKE'S RECOVERY RESIDENCE INC

ARTICLE II

The Corporation may engage in any activity of business permitted under the laws of the United States and the State of FLorida.

ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have at any time is 500 shares of common stock, having a par value of \$1.00 per share.

ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less than \$500.00 dollars.

ARTICLE V

This corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE VI

The initial street address of the principal office of the corporation shall be:

340 NE 44 COURT
POMPADRO BEACH, FL 33064

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ARTICLE VII

The number of Directors of this Corporation shall be at least one(1) and no more than five.

ARTICLE VIII

The names and street addresses of the members of the first Board of Directors of this Corporation are as follows:

MICHAEL KOSSNER 340 NE 44 CT., POMPAHO BEACH
FL 33064

ARTICLE IX

The names and street addresses of the persons signing these Articles of Incorporation as subscriber is as follows:

Michael Kossner 340 NE 44 CT, POMPAHO BEACH
SIGNATURE OF INCORPORATOR ADDRESS FL 33064

SIGNATURE ADDRESS

ARTICLE X

The corporate existence of this corporation shall begin on the date on the Articles of Incorporation that are filed on record with the State.

DATE 9/20/02

SECRETARY OF STATE
CORPORATE DIVISION
409 E. GAINES STREET
STATE OF FLORIDA
TALLAHASSEE, FLORIDA 32399

RE: MIKE'S RECOVERY RESIDENCE, INC.

GENTLEMEN,

ENCLOSED HERewith ARE THE ARTICLES OF INCORPORATION TOGETHER WITH
A COPY OF SAID ARTICLES FOR

MIKE'S RECOVERY RESIDENCE INC.


NAME OF CORPORATION

OUR CHECK IN THE AMOUNT OF \$78.75 INCLUDES THE FOLLOWING:

FILING FEE
CHARTER TAX
REGISTERED AGENT
CERTIFIED COPY

TOTAL \$78.75

RESPECTFULLY SUBMITTED,

MICHAEL ROSSNER 

INDIVIDUAL'S NAME

MIKE'S RECOVERY RESIDENCE INC.

NAME OF CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 607.325 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT MIKE'S RECOVERY RESIDENCE INC.
NAME OF CORPORATION

WITH ITS PLACE OF BUSINESS AT 340 NE 44 CT., POMPAHO BEACH,
ADDRESS, CITY FL 33064

HAS NAMED MICHAEL ROSSNER
NAME OF REGISTERED AGENT

LOCATED AT 340 NE 44 CT., POMPAHO BEACH, FL 33064
MUST BE STREET ADDRESS AND # OF BLDG.

CITY OF POMPAHO BEACH, STATE OF FL., AS ITS AGENT
TO ACCEPT SERVICE OF PROCESS WITHIN FL.

SIGNATURE Michael Rossner
CORPORATE OFFICER

TITLE PRESIDENT

DATE 9/20/02

Having been named to accept service of process for the above state corporation, at the place designated in this certificate, I hereby agree to act in this capacity and further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.325 of the Fl. Statutes.

SIGNATURE Michael Rossner
REGISTERED AGENT