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☐ PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:			
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SECRETARY OF STATE
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TRANSMITTAL LETTER

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

Enclosed are an orig	final and one (1) copy of the ar	ticles of incorporation an	d a check for:
▼ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: MICHAEL DIXON Name (Printed or typed)			
601 EMERSON DR. N.E.			
<u></u>	PAIM B	Ay, FL , State & Zip	32907
321-544-4144			

SUBJECT: MICHAEL DIXON INC.

(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

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

Daytime Telephone number

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME	03 JAN 17 AM 10: 37
The name of the corporation shall be:	SECRETARY OF STATE
MICHAEL DIXON INC.	TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 601 EMERSON DR. N.E. PAIM BAY FL 32907	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Profit SACES	
ARTICLE IV SHARES The number of shares of stock is:	and the second s
ONE hUNDRED (100)	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional The name(s), address(es) and title(s):) .
MICHAEL DIXON GOI EMERSON DE N.C. PALM BAY FL 32907	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: MICHAEL DIXON GOLEMENSON DR. N.E. PALM BAY, FL 3Z907	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Michael DIXON 601 EMERSON DR. W.E. PALM BAY FL 32907	
**************************************	nted corporation at the place designated in this
michael Dika	1.07.03
Michael Difes Signature/Registered Agent	7. 07 - 03 Date

/- 07 · 0**S**Date

Michael De Signature/Incorporator