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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: MIKEBON, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: MICHAEL BUNNICELLI

Name (Printed or typed)

10723 NW 40 STREET

Address

SUNRISE, FL 33351

City, State & Zip

754-422-0250

Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

MIKEBON, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10723 NW 40 STREET

SUNRISE, FL 33351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDING SALES AND OTHER SERVICES TO BUSINESSES.

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

MICHAEL BUNNICELLI

10723 NW 40 STREET

SUNRISE, FL 33351

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MICHAEL BUNNICELLI

10723 NW 40 STREET

SUNRISE, FL 33351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL BUNNICELLI

10723 NW 40 STREET

SUNRISE, FL 33351

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

Michael Bunnicelli

Signature/Registered Agent

8-31-03
Date

Michael Bunnicelli

Signature/Incorporator

8-31-03
Date