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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: MIKAMA Corporation
(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Joseph A. Edone
Name (Printed or typed)

112 East Thomas St.
Address

Avon Park Florida 33825
City, State & Zip

1-863-452-1267 Ph
Daytime Telephone number

1-863-453-9192 FAX

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 NAME

The name of the corporation shall be:

MIKAMA CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

2100 LAKE IDA ROAD ; Suite 3: Delray Beach FLA 33445
Delray FLA.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Dental Lab, Manufacturing Dental Ware's + Owners Real Estate

ARTICLE IV SHARES

The number of shares of stock is: ONE HUNDRED (100)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s): S/S# 095-84-5383

MIROSLAV T. STEVANOISE President
438 POINSETTA Ave #2
SEBRING FLA. 33870

ARTICLE VI REGISTERED AGENT

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

Joseph A. Edone
112-E THOMAS ST
AVON PARK FLA 33825

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MIROSLAV T. STEVANOISE

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

Signature/Registered Agent

Date

9-10-03

Signature/Incorporator

Date

9-10-2003