

PO3000117985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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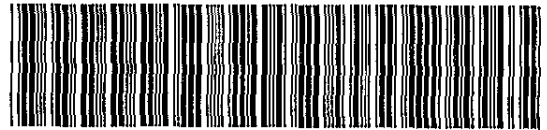
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 OCT 20 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TRANSMITTAL LETTER

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

SUBJECT: Mike Hanrahan, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Michael J. Hanrahan
Name (Printed or typed)

8200 Lakeshore Dr.
Address

Hypoluxo, Fl. 33462
City, State & Zip

561 585 5664
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)

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03 OCT 20 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Mike Hanrahan, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8200 Lakeshore Dr.
Hypoluxo, Fl. 33462

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting, writing and investigations.

ARTICLE IV SHARES

The number of shares of stock is:

One.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Michael Hanrahan, 8200 Lakeshore Dr. Hypoluxo, Fl. 33462, President & Treasurer
Linda Steele, 8200 Lakeshore Dr. Hypoluxo, Fl. 33462, Secretary.

ARTICLE VI REGISTERED AGENT

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

Michael Hanrahan, 8200 Lakeshore Dr., Hypoluxo Fl. 33462

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

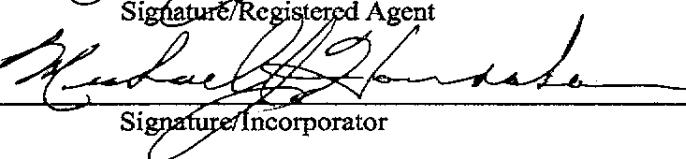
Michael Hanrahan, 8200 Lakeshore Dr. Hypoluxo. Fl. 33462

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



Signature/Incorporator

Date