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(Requestor's Name)	
(Address)	
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(Address)	
(City/State/Zip/Phone #)	
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
ALL AHASSEF FLORIDA

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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32315

SUBJECT: MIKE SCHUCK SERVICES, INC. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

FROM:

Mike Schuck

Name (Printed or typed)

17711 Old Bayshore Road Address

North Fort Myers, Florida, 33917 City, State & Zip

239-731-2725

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)

<u>ARTICLE I NAME</u>

The name of the corporation shall be

MIKE SCHUCK SERVICES, INC.

ARTICLE IL PRINCIPAL OFFICE

The principal place of business/mailing address is: 17711 Old Bayshore Road; North Fort Myers, Florida, 33917

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Engaging in the transaction of any and all business activities permitted under the laws of Florida and the United States of America.

ARTICLE IV SHARES

The number of shares of stock is:

Five Hundred (500) valued at \$1.00 per share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Mike Schuck

17711 Old Bayshore Road

North Fort Myers, Florida, 33917

<u>ARTICLE VI REGISTERED AGENT</u>

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

Mike Schuck

17711 Old Bayshore Road

North Fort Myers, Florida, 33917.

<u>ARTICLE VII INCORPO</u>RATOR

The name and address of the Incorporator is:

Mike Schuck

17711 Old Bayshore Road

North Fort Myers, Florida, 33917

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

X Muled Solver

Signature/Incorporator

Date

Date

SECRETARY OF STATE

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