Po4000153157

·
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only Michelet Michel Authorization by Phone to CORRECT Art. VII DATE 11-9-04 DOC. EXAM 94



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1017-4714--01016--004 **78.75

O4 NOV -9 PH 12: 43

W04-40M

TRANSMITTAL LETTER

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

SUBJECT:	HEL Advertise 1	nent Cort	aration		
	(PROPOSED CORPORAT	E NAME - MUST INCL	DE SUFFIX)		
Enclosed are all orig	inal and one (1) copy of the artic	les of incorporation and	a check tot.		
\$70.00	□ \$78.75	\$78.75	□ \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of Status		
		ADDITIONAL COPY REQUIRED			
FROM:	MICHELET Name (MiCHEL Printed or typed)			
	1001 NF 39	OR. # 14W	<i>,</i>		
	DAKLAND PACA City,	K Fl 33334 Sidie & Zip	<u>/</u>		
	934 274 J	9/3 Elephone number			
Daytine Telephone number					

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 2, 2004

MICHELET MICHEL 1001 NE 39 DR. #14W OAKLAND PARK, FL 33334

SUBJECT: MICHEL ADVERTISEMENT CORPORATION

Ref. Number: W04000040176

We have received your document for MICHEL ADVERTISEMENT CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6878.

Letter Number: 904A00062873

Alan Crum Document Specialist New Filings Section

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

The name of the corporation shall be:		
Michel Advertisement Corporation shall be:	ation	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		
4469 North State Koad 7 LAUGUSTE LAKES, 1=1 33319 ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		
Advertisement	96 17.17.1	
ARTICLE IV SHARES	≥	
The number of shares of stock is:	— #X	T
100	04 NOV -9 PM 12: 43 SECRETARY OF STATE TALL AHASSEF. LORID	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS		
List name(s), address(es) and specific title(s):	2 × ×	
Michelet Michel	5ਜੋ ਨ	
1001 NE 39 DR 14W	·	
DAKLEANOL PAIK, FL 33334 RECLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT acceptable) of the registered a	agent is:	
Michelet Michel		
1001 NE 39 DR 14W AKLAND FANK, FC	33334	
The <u>name and address</u> of the Incorporator is: 10014539 SR 14W Michelet Mic	hel	
DAKLAND MORK PC 33334	******	ak ak ak ak
laving been named as registered agent to accept service of process for the above stated corporation ertificate, I am familiar with and accept the appointment as registered agent and agree to act in this	on at the place designated	
	11-5-04	
Signature Registered Agent	Date /	
Signature/Incorporator	Date	

ARTICLES OF INCORPORATION

ARTICLE I NAME

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