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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TRANSMITTAL LETTER

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

SUBJECT: MICHAEL X. CORPORATION  
(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 X. PEÑA  
Name (Printed or typed)

P. O. BOX 611643  
Address

MIAMI, FL 33261  
City, State & Zip

(786) 357-4440  
Daytime Telephone number

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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:

**MICHAEL X CORPORATION**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

**P.O. BOX 611643  
MIAMI, FL 33261**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is:

**100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

**MICHAEL X. PEÑA (PSTD)**

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

**MICHAEL X. PEÑA  
1465 NE 123 ST # 711  
N. MIAMI, FL 33161**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

**MICHAEL X. PEÑA  
P.O. BOX 611643  
MIAMI, FL 33261**

**ARTICLE VIII EFFECTIVE DATE: The incorporation date shall be 1/1/20**

\*\*\*\*\*

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 X. Peña*

Signature/Registered Agent

Date

*Michael X. Peña*

Signature/Incorporator

Date