

PO5000026878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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05 FEB 14 PM 2:43  
SOUTH FLORIDA  
TALLAHASSEE, FLORIDA

8/24/05  
BKK

## TRANSMITTAL LETTER

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

SUBJECT: MIHAKO 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: MIHALYNE KOCZKA  
Name (Printed or typed)

3817 SOUTH LAKE DR. 156  
Address

TAMPA, FL 33614  
City, State & Zip

813 935 7516  
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)

**ARTICLE I NAME**

The name of the corporation shall be:

MIHALKO INC.

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**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
3817 SOUTH LAKE DR. 156  
TAMPA, FL 33614

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CLEANING SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is:

1

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

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

MIHALYNE KOCZKA

- PRESIDENT

**ARTICLE VI REGISTERED AGENT**

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

MIHALYNE KOCZKA 3817 SOUTH LAKE DR 156  
TAMPA, FL 33614

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MIHALYNE KOCZKA 3817 SOUTH LAKE DR 156  
TAMPA, FL 33614

\*\*\*\*\*

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

+ MIHALYNE KOCZKA  
Signature/Registered Agent

2.10.05  
Date

+ MIHALYNE KOCZKA  
Signature/Incorporator

2.10.05  
Date

MIHALYNE KOCZKA