Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000044637 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number: I20010000247 Phone : (800)494-3124 Fax Number : (305)675-2811

FLORIDA PROFIT CORPORATION OR P.A.

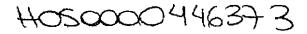
MIKE THOMPSON ENTERPRISES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing, Nerv.

Corporate Fund.

Rublic Access Help



ARTICLES OF INCORPORATION

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

ARTICLE ! NAME

The name of the corporation shall be MIKE THOMPSON ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is 839 SW MUNJACK CIRCLE PORT ST. LUCIE, FL 34986

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized:

The corporation may engage in any activity or business permitted under the laws of the State of Florida

ARTICLE IV SHARES

The number of shares of stock 1500 COMMON SHARES

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is: Director, President MIKE THOMPSON 839 SW MUNJACK CIRCLE PORT ST. LUCIE, FL 34986

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: MIKE THOMPSON 839 SW MUNJACK CIRCLE PORT ST. LUCIE, FL 34986

4050000446373

PAGE 2 MIKE THOMPSON ENTERPRISES, INC.

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is: MIKE THOMPSON 839 SW MUNJACK CIRCLE PORT ST. LUCIE, FL 34986

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

SI CRETARY OF STATE
DIVISION OF CORPORATIONS

05 FER 22 PM 1.20

HOSO000446373