

PD5000039292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

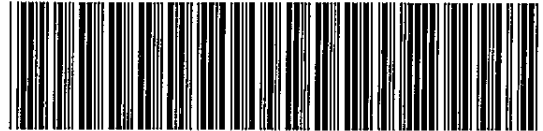
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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05 MAR 15 PM 2:53
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D. WHITE MAR 15 2005

TRANSMITTAL LETTER

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

SUBJECT: Michael Chambers 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: Michael Chambers
Name (Printed or typed)

1881 Pine needle tr.
Address

Hissimnee FL 34746
City, State & Zip

860-625-1714
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:

Michael Chambers Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1881 Pineneedle tr.
Missimnee Fl 34746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Construction work

ARTICLE IV SHARES

The number of shares of stock is:

(3) 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President Michael Chambers ~~owner~~ 1881 Pineneedle tr. Missimnee Fl 34746
V. President DAVID SAIDietro ~~owner~~ 1881 Pineneedle tr. Missimnee Fl 34746

ARTICLE VI REGISTERED AGENT

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

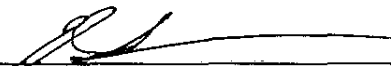
Michael Chambers
1881 Pineneedle tr. Missimnee Fl 34746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

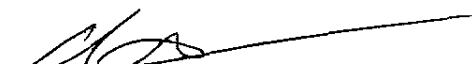
Michael Chambers
1881 Pineneedle tr. Missimnee Fl 34746

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

3/15/05

Date

FILED

05 MAR 15 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA