

P05000057511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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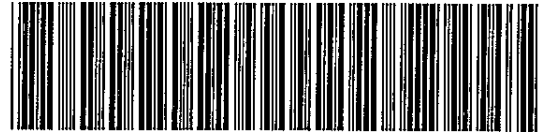
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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C.S. 4-19

TRANSMITTAL LETTER

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

SUBJECT: MICKEY & CHRIS 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: CHITRANIE & TAMESHWAR BALLMICK

Name (Printed or typed)

229 Meadow Beauty Ter.

Address

Sanford, FL 32771

City, State & Zip

407-302-1225 Home 407-836-2665 Work 407-619-7150 Cell

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:

MICKEY & CHRIS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1800 S.French Ave.
Sanford, Fl. 32771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Conducts lawfull buiness

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Tameshwar Ballmick (President)
Chitranie Ballmick (vice President)
229 Meadow Beauty Terr.
Sanford Fl. 32771

ARTICLE VI REGISTERED AGENT

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

Tameshwar Ballmick
229 Meadow Beauty Terr.
Sanford Fl.32771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tameshwar Ballmick
229 Meadow Beauty Terr.
Sanford Fl. 32771

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

x. Tameshwar Ballmick

Signature/Registered Agent

4-12-05

Date

Tameshwar Ballmick / Chitranie Ballmick

Signature/Incorporator

4-12-05

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA