

P05000099766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

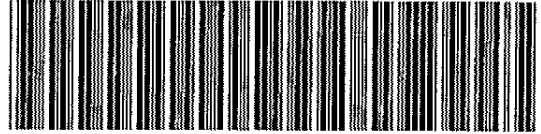
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Michael Musgrove **ONE**  
AUTHORIZATION BY PHONE TO  
CORRECT Article III  
DATE 7/15/05  
DOC. EXAM MPD

Office Use Only



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~~06/20/05-01037-008 \*\*152.50~~ <sup>SC</sup> <sub>2</sub>

06/20/05-01037-008 \*\*152.50

FILED  
05 JUL 15 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

✓ com 7-18-05

**TRANSMITTAL LETTER**

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

SUBJECT: Mike's Punch-out Services Inc.  
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check  
for \$ 152.50.

FROM:

Michael Floyd Musgrove  
Name (printed or typed)  
28154 ORLEANS Rd  
Address  
Hilliard Fla 32046  
City, State, & Zip  
(904) 845-7245  
Telephone Number

Note: Please provide the original and one copy of the Articles.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 21, 2005

MICHAEL FLOYD MUSGROVE  
28154 ORLEANS RD  
HILLIARD, FL 32046

SUBJECT: MIKE'S PUNCH-OUT SERVICES INC.  
Ref. Number: W05000030392

We have received your document for MIKE'S PUNCH-OUT SERVICES INC. and your check(s) totaling \$152.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

List the Registered Agent name and address in Article IV of your document.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist  
New Filings Section

Letter Number: 505A00042436

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF INCORPORATION**

**OF**

*Mike's Punch-out Services INC.*

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

*Mike's punch-out services INC.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

*28154 ORLEANS Rd.  
Hilliard Fla 32046*

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

*ONE*

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

*RON BRADDOCK, JR.  
45206 MUSSEWHITE Rd.  
CANAHAN, FL 32011*

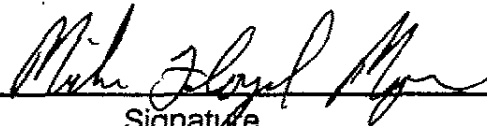
**ARTICLE V INCORPORATOR(S)**

\* The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MICHAEL MUSGROVE  
28154 ORLEANS Rd.  
HILLIARD, FL 32046

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

June 13th day of 13th, 19 2005.

  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: MIKE'S Punch-out  
~~Service~~ Services I

2. The name and address of the registered agent and office is:

Michael Musgrove Ron BRaddock, Jr.  
(NAME)

28154 ORLEANS Rd 45206 MUSSELWHITE  
(P.O. BOX NOT ACCEPTABLE)

Hilliard Fla 32046 CAILANAH, FL 320  
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Ronny Braddock, Jr.  
Michael Musgrove

DATE 6-6-05 7-6-05