

P05000115361

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: Michael Thibodeaux, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Michael Thibodeaux
Name (Printed or typed)

54012 Armstrong Road
Address

Callahan, FL 32011
City, State & Zip

904-868-16324
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 5, 2005

MICHAEL THIBODEAUX
54012 ARMSTRONG RD.
CALLAHAN, FL 32011

SUBJECT: MICHAEL THIBODEAUX, INC.
Ref. Number: W05000037160

We have received your document for MICHAEL THIBODEAUX, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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

We must have signatures for the registered agent and the incorporator. Typed name is not acceptable.

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) 245-6047.

Carolyn Lewis
Document Specialist
New Filings Section

Letter Number: 805A00050600

TRANSMITTAL LETTER

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

SUBJECT: Michael Thibodeaux, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Michael Thibodeaux
Name (Printed or typed)

54012 Armstrong Rd.
Address

Callahan, FL 32011
City, State & Zip

904-777-0963
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 Thibodeaux, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

54012 Armstrong Rd.
Callahan, Fl. 32201

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any & All lawful Business.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Title: P
Michael Thibodeaux
54102 Armstrong Rd.
Callahan, Fl. 32201

ARTICLE VI REGISTERED AGENT

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

Michael Thibodeaux
54102 Armstrong Rd.
Callahan, Fl. 32201

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Hanne Wilkins
1830 N. Main St
Jacksonville, Fl
32201

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

Michael Thibodeaux
Signature/Registered Agent

8/12/05
Date

Hanne Wilkins
Signature/Incorporator

8/12/05
Date

FILED
05 AUG -5 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA