

P05000137 147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/7/05
BWK

COVER LETTER

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

SUBJECT: Mike's Mobile Repair, 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 MacDowell
Name (Printed or typed)

4414 Fort Simmons Ave
Address

LaBelle, FL 33935
City, State & Zip

863-673-2765
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:

Mike's Mobile Repair, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4414 Fort Simmons Ave.
LaBelle, FL 33935

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit

ARTICLE IV SHARES

The number of shares of stock is:

250 shares of \$1.00 par value common stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michael MacDowell, 4414 Fort Simmons Ave, LaBelle, FL 33935, President, VP, Secretary, Treas.

ARTICLE VI REGISTERED AGENT

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

Michael MacDowell, 4414 Fort Simmons Ave, LaBelle, FL 33935

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael MacDowell, 4414 Fort Simmons Ave, LaBelle, FL 33935

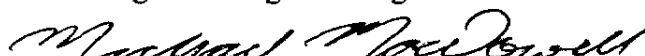
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



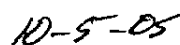
Signature/Registered Agent



Date



Signature/Incorporator



Date