05000148125

(Requestor's Name)
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(City/State/Zip/Phone #)
(Only Otales Libre Holle Hy
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

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

SUBJECT: M. B. A. I V.C.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

S70.00 S78.75
Filing Fee Filing Fee & Filing Fee, & Certificate of Status

S78.75
Filing Fee Filing Fee, & Certified Copy & Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Michael Couey

Name (Printed or typed)

3814 W. Fuch dave. #46

Address

Address

City, State & Zip

Daytime Telephone number

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

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 20, 2005 ·

MICHAEL COUEY 3814 W EUCLID AVE #46 TAMPA, FL 33629

SUBJECT: M.B.A. INC.

Ref. Number: W05000048135

We have received your document for M.B.A. INC. and your check(s) totaling \$87.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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

List the number of shares and not the percentage. Remove the percent sign from behind the amount of shares.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2006 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

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: 405A00064039

ARTICLE I NAME The name of the corporation shall be:
Milke's Contracting Solutions in c.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 3814 W Euclid Ave Apt 46
Tampa FL 33629 ARTICLE III PURPOSE The purpose for which the corporation is organized is:
Construction
ARTICLE IV SHARES The number of shares of stock is:
List name(s), address(es) and specific title(s): Micheal Couly 3814 Wendid Are #46 49 % shares Tanga FC 51% Shares Tanga FC Kyle Reberts 33629
ARTICLE VI REGISTERED AGENT The name and Florida street address (D.O. Boy NOT assertable) of the series in the series of the se
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Micheal Coney 3814 WEndied Lee Apt 46 ARTICLE VII Particle VII 1800 1800 1800 1800 1800 1800 1800 18
The name and address of the Incorporator is: Michael Coney 3814 W Enclid Lue Apt 46
Tampa 1-133629 ************************************
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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)