

P05006 157476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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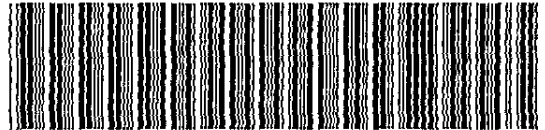
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

11/28/05

COVER LETTER

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

SUBJECT: Kimberly Michael Corporation
(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: Kimberly Michael
Name (Printed or typed)

467 SE Streamlet Ave
Address

Port Saint Lucie, FL 34983
City, State & Zip

772-528-7167
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:

Kimberly Michael Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

467 SE Streamlet Ave Port Saint Lucie, FL 34983

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To act as an independent contractor, selling advertising/marketing services

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):

Kimberly Michael
467 SE Streamlet Ave
Port Saint Lucie, FL 34983
Pres, Vice Pres, Sec, and Treas

ARTICLE VI REGISTERED AGENT

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

Kimberly Michael
467 SE Streamlet Ave
Port Saint Lucie, FL 34983

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kimberly Michael
467 SE Streamlet Ave
Port Saint Lucie, FL 34983

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

Kimberly Michael - Kimberly Michael
Signature/Registered Agent

11/23/03
Date

Kimberly Michael - Kimberly Michael
Signature/Incorporator

11/23/03
Date

FILED
NOV 28 AM 11:55
CLERK OF STATE
TALLAHASSEE, FLORIDA