P06000077111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE FL. 32314

SUBJECT SPLIT TAIL MIKIE'S INC.

INCLOSED ARE AN ORIGINAL AND (1) COPY OF
ARTICLES OF IN CORPORATION AND A CHECK FOR$
148.75

PLEASE RETURN TO;

MICHAEL GOODWIN
328 SUMMER CIRCLE
PALM BEACH GARDENS FL 33410

THANK YOU

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:
SPLIT TAIL MIKIE'S **INC.**

ARTICLE II   PRINCIPAL OFFICE
The principal place of business/mailing address is:
328 SUMMER CIRCLE
PALM BEACH GARDENS FL. 33410

ARTICLE III   PURPOSE
The purpose for which the corporation is organized is:

ARTICLE IV   SHARES
The number of shares of stock is:
500

ARTICLE V   INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):
MICHAEL GOODWIN PRESIDENT
328 SUMMER CIRCLE
PALM BEACH GARDENS FL 33410

ARTICLE VI   REGISTERED AGENT
The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:
MICHAEL GOODWIN
328 SUMMER CIRCLE
PALM BEACH GARDENS FL 33410

ARTICLE VII   INCORPORATOR
The **name and address** of the Incorporator is:
MICHAEL GOODWIN
328 SUMMER CIRCLE
PALM BEACH GARDENS FL. 33410

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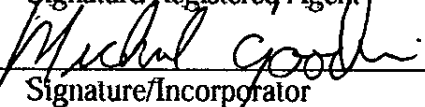
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

_____
Signature/Registered Agent

5/31/06
Date

_____
Signature/Incorporator

5/31/06
Date