

PO6000096073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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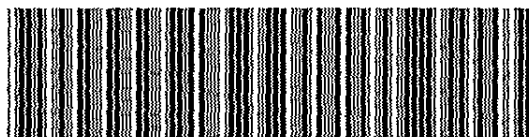
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Pa

COVER LETTER

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

SUBJECT: Charlene Mire Ins., 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: Charlene Mire
Name (Printed or typed)

4955 N. Sandy Path
Address

Crystal River, FL 34428
City, State & Zip

352-563-0015
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2006

CHARLENE MIRE INS., INC.
4955 N SANDY PATH
CRYSTAL RIVER, FL 34428

We have received your document for CHARLENE MIRE INS., INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return 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 850-245-6062.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 106A00044537

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:

Charlene Mire Ins, inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4955 N. Sandy Path
Crystal River, FL. 34428

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Liability

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):

Charlene Mire - P/V
4955 N Sandy Path
Crystal River, FL. 34428

ARTICLE VI REGISTERED AGENT

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

Charlene Mire
4955 N Sandy Path
Crystal River, FL. 34428

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Charlene Mire
4955 N Sandy Path
Crystal River, FL. 34428

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

Charlene Mire

Signature/Registered Agent

Charlene Mire

Signature/Incorporator

7-5-06

Date

7-5-06

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUL 21 PM 3:44

FILED