

PO7000100887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

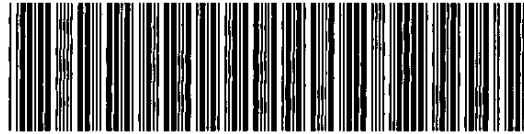
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: ML Contractors 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: Miguel Luciano Lona-Chavez

Name (Printed or typed)

10107 N. Aster Ave.

Address

Tampa Fl. 33612

City, State & Zip

813 245 5188

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:

ML Contractors Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10107 N Aster Ave.
Tampa, Fl. 33612

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Start new roofing company

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):

Miguel Luciano Lona-Chavez
10107 N. Aster Ave.
Tampa, Fl. 33612

ARTICLE VI REGISTERED AGENT

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

Miguel Luciano Lona-Chavez
10107 N. Aster Ave.
Tampa, Fl. 33612

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Miguel Luciano Lona-Chavez
10107 N. Aster Ave.
Tampa, Fl. 33612

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

Miguel L Lona-Chavez
Signature/Registered Agent

Miguel L Lona-Chavez
Signature/Incorporator

FILED

07 SEP 10 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09-05-07
Date

09-05-07
Date