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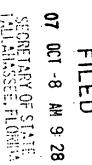
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# **COVER LETTER**

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

<sub>SUBJECT:</sub> Mia Mic	chaels Artworkz Inc.		
	(PROPOSED CORPORA'	FE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an origina	al and one (1) copy of the artic	cles of incorporation and	a check for:
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 CO	
<sub>FROM:</sub> Dan	iel J. O'Keefe, CPA,	MBA	
	Name	(Printed or typed)	
26	651 Cochise Trail		
	A	Address	<del></del>
w	inter Park, FL 32789		
	City,	State & Zip	
40	7-353-8053		
	Daytime T	elephone number	<u> </u>

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:

Mia Michaels Artworkz Inc.

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### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2651 Cochise Trail
Winter Park, FL 32789

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide high quality professional services in the areas of choreography, production, direction, fashion design and publishing for various performing arts media including theater, television, motion pictures and print.

### ARTICLE IV SHARES

The number of shares of stock is:

1,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Mia Melchiona (aka Mia Michaels) President 545 Woodfire Way Casselberry, FL 32707

Dana O'Keefe (aka Dana Michaels) Secretary/Treasurer 2651 Cochise Trail Winter Park, FL 32789

### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Daniel J. O'Keefe, CPA, MBA 2651 Cochise Trail
Winter Park, FL 32789

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Mia Melchiona (aka Mia Michaels) 545 Woodfire Way Casselberry, FL 32707

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

/ (D) (X/c)(

Signature/lincorporator

Date

Date

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SEPRETARY OF STATE
SEPRETARY OF STATE