

P09000045 084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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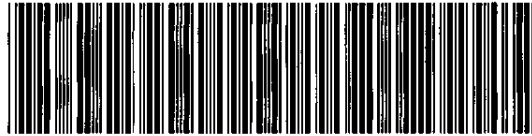
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/20/09--01015--021 \*\*78.75

09 MAY 20 PM 2:37  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

EP 5/21/09

## COVER LETTER

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

**SUBJECT:** Miertschin Mediation, 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:** Lynne Miertschin  
Name (Printed or typed)

P.O. Box 550340

Address

Fort Lauderdale, Florida 33355

City, State & Zip

(954) 684-8195

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

**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:      Miertschin Mediation, Inc.

### **ARTICLE II      PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

12850 W. State Road 84, #18-7, Davie, Florida 33325 (Street Address)

P.O. Box 550340, Fort Lauderdale, Florida 33355 (Mailing Address)

### **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

Mediation services to be provided.

### **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):

Lynne Miertschin

12850 W. State Road 84, #18-7

Davie, Florida 33325

### **ARTICLE VI      REGISTERED AGENT**

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

Lynne Miertschin

12850 W. State Road 84, #18-7

Davie, Florida 33325

### **ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:

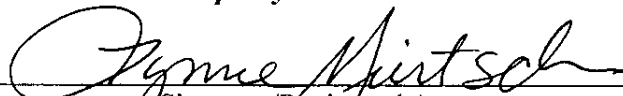
Lynne Miertschin

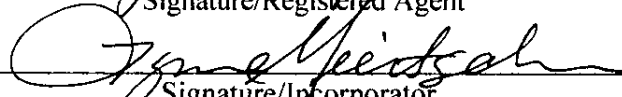
12850 W. State Road 84, #18-7

Davie, Florida 33325

\*\*\*\*\*

*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

  
\_\_\_\_\_  
Signature/Incorporator

5/18/09  
\_\_\_\_\_  
Date

5/18/09  
\_\_\_\_\_  
Date

09 MAY 20 PM 2:37  
STATE  
TALLAHASSEE, FLORIDA