

P09000045 084

---

(Requestor's Name)

---

(Address)

---

(Address)

---

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

---

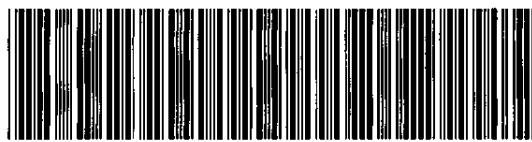
(Business Entity Name)

---

(Document Number)

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

**Special Instructions to Filing Officer:**



300155958923

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

09 MAY 20 FH 2:37  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE  
TALLAHASSEE, FLORIDA

Office Use Only

EP 5/51/09

## 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       \$78.75  
Filing Fee      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.

09 MAY 20 PM 2:37  
SUSAN M. LEE, STATE  
SOLICITOR, FLORIDA  
TALLAHASSEE, FLORIDA

### **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:

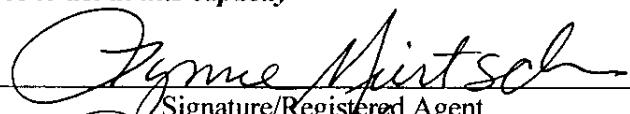
Lynne Miertschin  
12850 W. State Road 84, #18-7  
Davie, Florida 33325

### **ARTICLE VII INCORPORATOR**

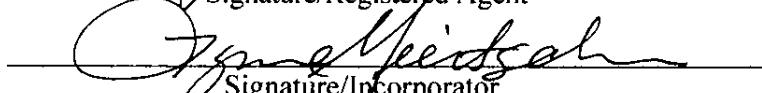
The name and address of the Incorporator is:

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

5/18/09  
Date  
5/18/09  
Date

  
Signature/Incorporator