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(Requestor's Name)

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(City/State/Zip/Phone #)

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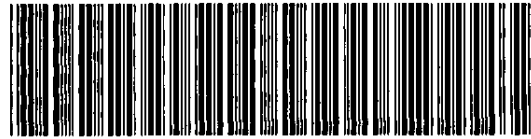
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Bush NOV 16 2010

## COVER LETTER

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

**SUBJECT:** Michaels and Murchison, 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: Marlene Kay Michaels  
Name (Printed or typed)

7354 NW 19th Court  
Address

Pembroke Pines, Florida 33024  
City, State & Zip

954-401-9742  
Daytime Telephone number

mkmich0519@aol.com  
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**

Michael's and Murchison, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7354 NW 19th Court  
Pembroke Pines FL 33024

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Bookkeeping and Accounting Service

**ARTICLE IV SHARES**

The number of shares of stock is: One Hundred (100)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Marlene Kay Michaels, President  
Address: 7354 NW 19th Court  
Pembroke Pines FL 33024

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Anthony Richard Michaels, V. Pres  
Address: 7354 NW 19th Court  
Pembroke Pines FL 33024

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Marlene Kay Michaels  
Address: 7354 NW 19th Court  
Pembroke Pines FL 33024

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Marlene Kay Michaels  
Address: 7354 NW 19th Court  
Pembroke Pines FL 33024

*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*

Marlene Michaels  
Required Signature/Registered Agent

October 25, 2010

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Marlene Michaels  
Required Signature/Incorporator

October 25, 2010

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA