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(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

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Special Instructions to Filing Officer:

W10-55508

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2010 DEC -9 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch DEC 10 2010

COVER LETTER

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

SUBJECT: Mike's Mobile Installations 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: Mike Smolenski

Name (Printed or typed)

4818 Marbella Rd. S

Address

West Palm Beach, Florida 33417

City, State & Zip

516-779-8312

Daytime Telephone number

msmolenski2@gmail.com

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

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 DEC -9 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 30, 2010

MIKE SMOLENSKI
4818 MARBELLA RD S
WEST PALM BEACH, FL 33417

SUBJECT: MIKE'S MOBILE INSTALLATIONS INC
Ref. Number: W10000055508

We have received your document for MIKE'S MOBILE INSTALLATIONS INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

An effective date may be added to the Articles of Incorporation if a 2011 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 810A00027779

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: **Mike's Mobile Instalations Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
4818 Marbella Rd S
West Palm Beach, Florida 33417

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Instalations of GPS tracking devices

ARTICLE IV SHARES

The number of shares of stock is: **200-No par value**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Mike Smolenski**
Address: **4818 Marbella Rd S**
West Palm Beach, Florida 33417

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: **Mike Smolenski**
Address: **4818 Marbella Rd S**
West Palm Beach, Florida 33417

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Mike Smolenski**
Address: **4818 Marball Rd S**
West Palm Beach, Florida 33417

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


Required Signature/Registered Agent

12/6/10
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.


Required Signature/Incorporator

12/6/10
Date

FILED
2010 DEC -9 PM 3:50
CLERK OF STATE
TALLAHASSEE, FLORIDA