

P10000101497

(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:

Office Use Only



300188432573

12/15/10--01032--002 \*\*87.50

FILED  
2010 DEC 16 AM 8:51  
TALLAHASSEE, FLORIDA

J. Shivers DEC 17 2010

## COVER LETTER

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

SUBJECT: Hans Maichel, P.A.

(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: Hans Maichel

Name (Printed or typed)

5020 NW 79th Avenue Unit 107

Address

Doral, Florida 33166

City, State & Zip

(305) 490-9536

Daytime Telephone number

hansmaichel@gmail.com

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

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

TALLAHASSEE, FL 32314

2010 DEC 16 AM 8:51

21130

**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: Hans Maichel, P.A.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5020 NW 79th Avenue Unit 107  
Doral, FL 33166

Mailing address, if different is:  
5020 NW 79th Avenue Unit 107  
Doral, FL 33166

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Operate as Real Estate Broker Associate

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Hans Maichel, President  
Address: 5020 NW 79th Avenue Unit 107  
Doral, FL 33166

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: Hans Maichel  
Address: 5020 NW 79th Avenue Unit 107  
Doral, FL 33166

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Hans Maichel  
Address: 5020 NW 79th Avenue Unit 107  
Doral, FL 33166

*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

12/13/2010

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.*



Required Signature/Incorporator

12/13/2010

Date

2010 DEC 16 AM 8:51  
FILED  
HANS MAICHEL, INC.