

P1100 0003022

(Requestor's Name)

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(City/State/Zip/Phone #)

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MAIL

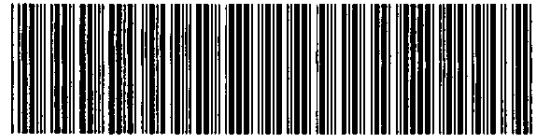
(Business Entity Name)

(Document Number)

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

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2011 JAN 10 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. G. Myers JAN 11 2011

## COVER LETTER

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

SUBJECT: MIE - California, 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: Michelle C. Brunache

Name (Printed or typed)

510 Marvin C. Zanders Ave

Address

Apopka, FL 32703

City, State & Zip

407-822-4313

Daytime Telephone number

mbrunache@cfl.rr.com

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: MIE - California, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2011 Mezes Ave  
Belmont, CA 94002

Mailing address, if different is:  
510 Marvin C. Zanders Ave  
Apopka, FL 32703

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
For Profit

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: <u>Michelle C. Brunache, Officer</u>	Name and Title: _____
Address: <u>2239 Palm Vista Drive</u>	Address: _____
<u>Apopka, FL 32712</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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


Name: Michelle C. Brunache  
Address: 2239 Palm Vista Drive  
Apopka, FL 32712

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michelle C. Brunache  
Address: 2239 Palm Vista Drive  
Apopka, FL 32712

*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

1/4/11  
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

1/4/11  
Date

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TALLAHASSEE, FLORIDA