

P 1100000 8056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

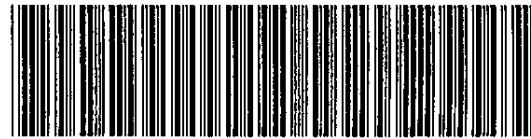
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 JAN 21 PM 4:37

1/25/11

COVER LETTER

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

SUBJECT: MIFI SERVICES CORPORATION
(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: RONALD ACCOMANDO
Name (Printed or typed)

1190 20TH STREET NORTH
Address

ST PETERSBURG, FL 33713
City, State & Zip

727-896-9600
Daytime Telephone number

ACCRECYCLE01@AOL.COM
E-mail address: (to be used for future annual report notification)

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

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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:

MIFI SERVICES CORPORATION

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ARTICLE II PRINCIPAL OFFICE

Principal street address

1190 20TH ST NO ST ST PETERSBURG, FL 33713

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Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FINANCING

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **RONALD ACCOMANDO, PRES**

Address: **12 MARINA TERRACE
TREASURE ISLAND, FL 33706**

Name and Title: **ARLINE ANDREWS, V. PRES**

Address: **12 MARINA TERRACE
TREASURE ISLAND, FL 33706**

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: **RONALD ACCOMANDO**

Address: **12 MARINA TERRACE
TREASURE ISLAND, FL 33706**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **RONALD ACCOMANDO**

Address: **12 MARINA TERRACE
TREASURE ISLAND, FL 33706**

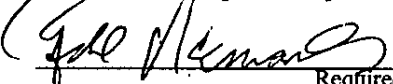
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

1/18/11
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

1/18/11
Date