

PI10000046404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

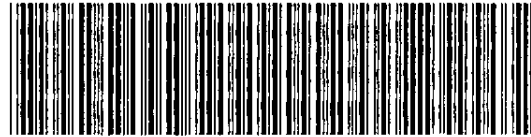
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100207295531

05/13/11--01018--031 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY 13 PM 1:49

APPROVED
AND
FILED

141

COVER LETTER

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

SUBJECT: Mike Kelly Services 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Michael Kelly
Name (Printed or typed)

661 NE Helicon LN
Address

Port St Lucie FL 34983
City, State & Zip

1-772-871-1957
Daytime Telephone number

AMAJFAMILY@PEOPLEPC.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)

APPROVED
AND
FILED

ARTICLE I NAME

Mike Kelly Services Inc,
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
661 ne helicon ln
port st lucie fl 34983

Mailing address, if different is:

Same

11 MAY 13 PM 1:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
General Maintenance

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Kelly President
Address: 661 ne helicon ln
port st lucie fl 34983

Name and Title: Angel kelly Vice President
Address: 661 ne helicon ln
port st lucie fl 34983

Name and Title: N/A
Address: _____

Name and Title: N/A
Address: _____

Name and Title: N/A
Address: _____

Name and Title: N/A
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Michael Kelly
Address: 661 ne helicon ln
port st lucie fl 34983

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Angel kelly
Address: 661 ne helicon ln
port st lucie fl 34983

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

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

Date