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(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



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 JUL 25 PM 1:37

APPROVED  
AND  
FILED

1/4

## COVER LETTER

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

**SUBJECT: Mightylocks 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: Allen A. Van Horn

Name (Printed or typed)

14039 Wolcott Drive

Address

Tampa, Florida 33624

City, State & Zip

(813) 988-8054

Daytime Telephone number

avanhorn2@tampabay.rr.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**

The name of the corporation shall be: M ightylocks, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
14039 Wolcott Drive  
Tampa, Florida 33624

Mailing address SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
The sale of merchandise on the world wide web

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Mary Julia Van Horn - President  
Address: 14039 Wolcott Drive  
Tampa, Florida 33624

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Allen A. Van Horn Sec. Tresurer  
Address: 14039 Wolcott Drive  
Tampa, Florida 33624

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: Allen A Van Horn  
Address: 14039 Wolcott Drive  
Tampa, Florida

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Allen A. Van Horn  
Address: 14039 Wolcott Drive  
Tampa, Florida 33624

*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*

Allen A. Van Horn  
Required Signature/Registered Agent

July 21, 2011  
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.*

Allen A. Van Horn  
Required Signature/Incorporator

July 21, 2011  
Date