

DivAUG. 26 2011 3:58 PM

CAPITAL CONNECTION

NO. 0847

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**P11000076474**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H110002128163)))



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To:

Division of Corporations  
Fax Number 1 (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 222-1222

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

11 AUG 26 PM 12:32  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Mims Crossing, Inc.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

11 AUG 26 PM 4:54  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*08/29/11*

Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

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

SUBJECT:

Mims Crossing, 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:

Blake Brandon

Name (Printed or typed)

3526 Ellis Lane

Address

Mims, FL 32254

City, State &amp; Zip

321-360-9900

Daytime Telephone number

blake@discoverybuildings.com

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

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

AUG. 26. 2011 3:56PM

CAPITAL CONNECTION

NO. 6847 P. 3

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:

Mims Crossing, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3526 Ellis Lane

Mims, FL 32754

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Land Development

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

Name and Title: Blake Brandon, Pres.

Address:

3526 Ellis Lane

Mims, FL 32754

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:

Blake Brandon

Address:

3526 Ellis Lane

Mims, FL 32754

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name:

Blake Brandon

Address:

3526 Ellis Lane

Mims, FL 32754

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

11 AUG 26 PM 12:32  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

8-26-11

8-26-11