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SECRETARY OF STATE DIVISION OF CORPORATIONS

PS11/16/11

COVER LETTER

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

SUBJECT:	Mims Ventures, Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)		
Enclosed are an or	iginal and one (1) copy of the arti	cles of incorporation and a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Co & Certificat Status	e of	
		ADDITIONAL COPY REQUIRE	iD	
FROM: _	Carry	L. Kelley	_	
	Name	(Printed or typed)	-	
		Stimson St.	_	
	, ; · · · · · · · · · · · · · · · · · ·	Address		
	Jacksonvi	lle, FL 32205 State & Zip		
_	City,	State & Zip	-	
	904-	708-7904	_	
-	Daytime T	elephone number	-	
	clk757@	bellsouth.net I for future annual report notification)	-	
	E-man address, (to be used	i ioi ruture annuai report nottrication)		

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) FILED SECRETARY OF STATE DIVISION OF CORPORATIONS ARTICLE I NAME Mims Ventures, Inc. The name of the corporation shall be: 11 NOV 14 AHII: 09 PRINCIPAL OFFICE ARTICLE II Mailing address, if different is: Principal street address Carry L. Kelley 1381 Stimson St. Jacksonville, FL 32205 ARTICLE III PURPOSE The purpose for which the corporation is organized is: The purpose of the corporation is to conduct any lawful purpose or purposes. ARTICLE IV SHARES The number of shares of stock is: 100 INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Carry L. Kelley, President Name and Title:

Address: 1381 Stimson St. Address: Jacksonville_FL 32205 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: Corporation Service Company Name: Address: 1201 Havs Street Tallahassee, FL 32301 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Carry L Kelley Address: 1381 Stimson St. Jacksonville, FL 32205 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 mes Assistant MM 0 Required Signature/Registered Agent 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.