

P11000101096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

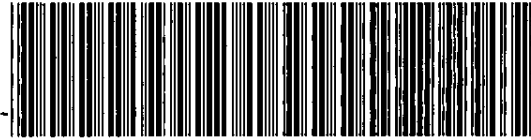
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

no copy

Office Use Only



400214367004

11/21/11--01007--004 **70.00

FILED
2011 NOV 21 PM 4:24
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

7. Burch NOV 28 2011

COVER LETTER

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

SUBJECT: Miraecomm 9504 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: Ku Chang

Name (Printed or typed)

185 N. US HWY 17-92

Address

Longwood FL 32750

City, State & Zip

407-770-4888

Daytime Telephone number

kpcomike@yahoo.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)

ARTICLE I NAME

Miraecomm 9504 Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
185 N. US HWY 17-92
Longwood, FL 32750

Mailing address, if different is:

1810 Westover Reserve Blvd.
Windermere FL 34786

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Retail

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ku Chang President
Address: 1810 Westover Reserve Blvd.
Windermere, FL 34786

Name and Title: Young E. Chang Vice President
Address: 1810 Westover Reserve Blvd.
Windermere, FL 34786

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: Ku Chang
Address: 1810 Westover Reserve Blvd.
Windermere, FL 34786

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ku Chang
Address: 1810 Westover Reserve Blvd.
Windermere, FL 3478611

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

11-17-2011

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.



Required Signature/Incorporator

11-17-2011

Date

FILED
NOV 21 PM 4:24
CLERK OF STATE
TALLAHASSEE, FLORIDA