

P/2000000418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

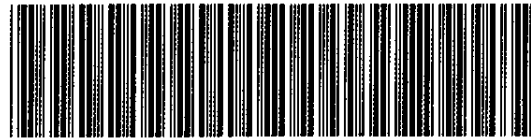
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/29/11--01038--004 **78.75

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11 DEC 29 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 01/03/12

COVER LETTER

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

SUBJECT: Mich's Misc. Treasures, 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 type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Michelle L. Dent
Name (Printed or typed)

327 Lake Daisy Loop
Address

Winter Haven, FL 33884
City, State & Zip

863-325-9836
Daytime Telephone number

DENTMICH@HOTMAIL.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 Mich's Misc. Treasures, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
327 Lake Daisy Loop _____
Winter Haven, FL 33884 _____

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Michelle L. Dent, President</u>	Name and Title: _____
Address: <u>327 Lake Daisy Loop</u>	Address: _____
<u>Winter Haven, FL 33884</u>	_____
_____	_____
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:
Name: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Michelle L. Dent
Address: 327 Lake Daisy Loop
Winter Haven, FL 33884

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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

Lamont W Jones, Assistant VP
[Signature] Required Signature/Registered Agent
Date: 11/23/11

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.

Michelle L Dent
[Signature] Required Signature/Incorporator
Date: 12/23/11