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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2 Burch JAN 03 2012

## COVER LETTER

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

SUBJECT: Michael Classen Company

(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: Michael Classen

Name (Printed or typed)

6815 Biscayne Blvd, Ste 103-116

Address

Miami, FL 33138

City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

michaelclassen@email.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**

The name of the corporation shall be:

Michael Classen Company

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6815 Biscayne Blvd, Ste 103-116  
Miami, FL 33138

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Profit

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Michael Classen / PST  
Address: 6815 Biscayne Blvd, Ste 103-116  
Miami, FL 33138

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: Michael Classen  
Address: 6815 Biscayne Blvd, Ste 103-116  
Miami, FL 33138

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael Classen  
Address: 6815 Biscayne Blvd, Ste 103-116  
Miami, FL 33138

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

12-30-11

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

12-30-11

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA