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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : DAVID C. HASTINGS, CPA, PA
Account Number : I20000000168
Phone : (727) 322-0909
Fax Number : (727) 322-0520

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

Email Address: DAVID CPA @ TAMPA BAY .OR. COM

FLORIDA PROFIT/NON PROFIT CORPORATION
MICHAEL KINAS, INC

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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Feb. 1. 2012 12:28PM

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No. 3357 P. 2

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

The name of the corporation shall be:

MICHAEL KINAS, INC

12 FEB -1 AM 10:48

ARTICLE II PRINCIPAL OFFICE

Principal street address

13890 78TH AVE N
SEMINOLE, FL 33776

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ACT AS A REAL ESTATE AGENT AND CONDUCT ANY OTHER LAWFUL BUSINESS IN
THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES OF COMMON STOCK

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL KINAS PRES, SEC, DIR

Address: 13890 78TH AVE N
SEMINOLE, FL 33776

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: DAVID C HASTINGS CPA

Address: 2207 54TH ST S
GULFPORT, FL 33707

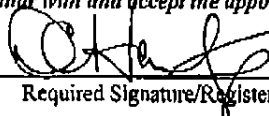
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL KINAS

Address: 13890 78TH AVE N
SEMINOLE, FL 33776

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

02/01/2012

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

02/01/2012

Date

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