# 2000018909

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL:		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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W12-8949

am 2/24/12

### COVER LETTER

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

SUBJECT: MIKE MAILLOUX SOLVICES INC. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)				
(PROPOSED CORP	ORATE NAME – <u>MUST INCLUDE SUFFIX</u> )			
Enclosed are an original and one (1) copy of th	e articles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
move Minhonal A	1 200 11044			
FROM: MICHAEL N	Name (Printed or typed)			
5081 Jasr	nine Circle N. Address			
_Saint Pete	City, State & Zip			
<u>727 · 458</u> Dayti	ime Telephone number			
E-mail address: (to b	e used for future annual report notification)			
J.	a d			

NOTE: Please provide the original and one copy of the articles.





### RECEIVED 12 FEB 23 PM 12: 37

## SECRETARY OF STATE FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA Division of Corporations

February 15, 2012

MICHAEL N MAILLOUX 5081 JASMINE CIRCLE N SAINT PETERSBURG, FL 33714

SUBJECT: MIKE MAILLOUX SERVICES INC.

Ref. Number: W12000008949 .

We have received your document for MIKE MAILLOUX SERVICES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Becky McKnight
Regulatory Specialist II Supervisor
New Filing Section

Letter Number: 512A00007028



ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the con	NAME rporation shall be: Milce Maille	oux Services Inc.	
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing a	ddress, if différent is:
<u>-</u>	5081 Jasmine Cir.	N. 3714	
	PURPOSE		
The purpose for wh	hich the corporation is organized is:	Residential / con	nmercial
		Painting	
ARTICLE IV			
The number of shar	<del>_</del>		
	INITIAL OFFICERS AND/OR DI		
Address:	5081 Jasmine Cir. A St. Petersburg, F. 3.	1 Address:	
Name and Ti Address:	tle:	Address:	
Name and Ti Address:	uc:		
ADTICE P 177	DECICTEDED ACENT	<del></del>	12 V
	<i>REGISTERED AGENT</i> rida street address (P.O. Box NOT acc	centable) of the registered agent is:	23.00
Name: Address:	michael N. maill 508 Llasmine Cir. St. Petershurg, FL	N.	RETARY NOF SOIL
ARTICLE VII	INCORPORATOR		
	ress of the Incorporator is:		
Name: Address:	Michael N. Maill 5081 Jasmine Cic. St. Petersburg, FL	ΔJ.	TIONS 22
	ed as registered agent to accept service in familiar with and accept the appointm		
Mike	Maillourk Required Signature/Registered		2/9/12
		_	Daté
	ment and affirm that the facts stated epartment of State constitutes a third de		
mit.	m: Ilana	• • • • • • • • • • • • • • • • • •	2/2/2
- I'MPC	Required Signature/Incorpor	rator	