

P12000031937

(Requestor's Name)

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(Business Entity Name)

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Certificates of Status ☐

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FILED
2012 APR -4 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 04 2012

COVER LETTER

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

SUBJECT: MICHAEL HUSTON 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 checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Michael Huston
Name (Printed or typed)
529 Collins Dr.
Address
Tallahassee FL 32303
City, State & Zip
(850) 509-3698
Daytime Telephone number
Michaelwhuston@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 APR -4 AM 9:30

FILED

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 HUSTON INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

529 Collins Dr
Tall. FL 32303

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Construction Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President Michael Huston

Address: 529 Collins Dr
Tall. FL 32303

Name and Title: _____

Address: _____

Name and Title: Portia Huston Secretary

Address: 529 Collins Dr
Tall. FL 32303

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 Huston

Address: 529 Collins Dr
Tall FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Huston

Address: 529 Collins Dr
Tall FL 32303

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

[Signature]

Required Signature/Registered Agent

4/4/12
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.

[Signature]

Required Signature/Incorporator

4/4/12
Date

FILED
2012 APR -4 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA