1912000034206

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special insulations to 1 ming Chieci.				





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12 APR -9 PH 3: 11

PS 4/10/12

COVER LETTER

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

SUBJECT: Mychael Perry Solutions, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)		
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:		
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
FROM: Michael Perry Name	(Printed or typed)		
1813 Grand Isle Circl	e, #223B .ddress		
Maitland, FL 32810	State & Zip		
954-816-2811 Daytime Te	elephone number		
mychael perry@juno 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

(12 pm

1		and/or Chapter 621, F.S. (Profit)	SECRETARY OF STATE DIVISION OF CORPORATION
ARTICLE I NAME The name of the corporation shall	Mychael Perry	Solutions, Inc.	DIVISION OF COM
The name of the corporation shall	oe:		12 APR -9 PM 3: 11
1813 Grand	office street address Isle Circle, #223B 32810		lress, if different is:
ARTICLE III PURPOSE	-		
The purpose for which the corpore Consulting	ation is organized is:		
ARTICLE IV SHARES The number of shares of stock is:			
Name and Title: Michae Address: 1813 G Maitlan		Name and Title: Address:	
Address:			
Name and Title:Address:			
Address: <u>1813 G</u>			
ARTICLE VII INCORPORA	ITOR		
Address: 1813 Gr	rporator is: el Perry and Isle Circle #223B d, FL 32810		
Having been named as registered his certificate, I am familiar with			
Mich	1 the		3-15-2012
Require	d Signature/Registered Agent		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.

3-15-2012 Date Required Signature/Incorporator