

P12000096823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

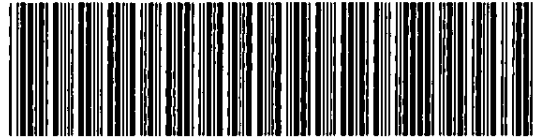
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500241962505

11/21/12--01009--022 **78.75

FILED

12 NOV 21 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
11/26/12

COVER LETTER

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

SUBJECT: MIKE SMITH HOME IMPROVEMENTS

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check.

☐ \$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: MIKE SMITH
Name (Printed or typed)

109 VALENCIA LAKES DR
Address

VENICE, FL 34292
City, State & Zip

540-539-7592
Daytime Telephone number

Suemike007@comcast.net
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: MIKE SMITH HOME IMPROVEMENTS CO

ARTICLE II PRINCIPAL OFFICE

Principal street address

109 VALENCIA LAKES DR
VENICE
FL 34292

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ESTABLISH A BUSINESS TO DO
HOME IMPROVEMENTS INTERIOR
TRIM WORK

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MIKE SMITH OWNER

Address:

109 VALENCIA LAKES DR
VENICE, FL 34292

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:

MIKE SMITH

Address:

109 VALENCIA LAKES DR
VENICE, FL 34292

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

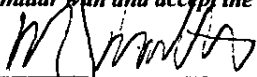
Name:

MIKE SMITH

Address:

109 VALENCIA LAKES DR
VENICE, FL 34292

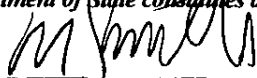
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11/18/12
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.



Required Signature/Incorporator

11/18/12
Date

FILED
12 NOV 21 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA