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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

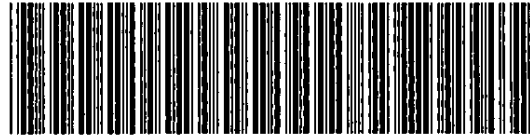
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

13 JUN 13 AM 11:07

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COVER LETTER

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

SUBJECT: MICHAEL BETHEA 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

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: MICHAEL W. BETHEA

Name (Printed or typed)

2566 BARRON CT

Address

SHALIMAR, FL 32579

City, State & Zip

850-259-5974

Daytime Telephone number

bethea.michael@yahoo.com

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: MICHAEL BETHEA INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2566 BARRON CT

SHALIMAR, FL 32579

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OPERATE A BUSINESS IN THE STATE OF FLORIDA UNDER THE EXISTING LAWS OF THE STATE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL W BETHEA

Name and Title: WILLIE N LEWIS

Address: PRESIDENT

Address: SEC/TREAS

2566 BARRON CT

114 MANNOR WAY, #A

SHALIMAR, FL 32579

LEWISVILLE, TN 37777

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SEC. CLERK OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MICHAEL W BETHEA
 Address: 2566 BARRON CT
SHALIMAR, FL 32579

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VAUGHAN E SLATON
 Address: 6821 W 78TH ST
TULSA, OK 74131-3222

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Michael W. Bethea
 Required Signature/Registered Agent

06/06/2013
 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.

Vaughan E. Slaton
 Required Signature/Incorporator

06/06/2013
 Date