P13000053802

(Reque	estor's Name)	
(Addre	ess)	<u>.</u>
(Addre	ess)	
(City/S	State/Zip/Phone i	#)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name	e)
(Document)	ment Number)	
Certified Copies	•	of Status
оотинов оорноо		
Special Instructions to Fili	ng Officer:	
W13-28	68/	

Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

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

SUBJECT:	BJECT: //LU INVES / MENTS, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Kenneth H Nam 1112 W 13	O. WRight e (Printed or typed) Sa.	
		Address	
	Vero Beac	Lh FL 32 State & Zip	960
	772 - 53 Daytime 1	9-4570 Telephone number	
	KAW9804 @ A	6ellSouth. ned for future annual report	let notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 15, 2013

KENNETH A. WRIGHT 1112 W 13TH SQ. VERO BEACH, FL 32960

SUBJECT: MIC INVESTMENTS, INC.

Ref. Number: W13000028681

We have received your document for MIC INVESTMENTS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 713A00012247

www.sunbiz.org

Division of Commenting D.O. DOV 0997 Mellaharana Florida 999

ARTICLES OF INCORPORATION

•	In compliance with Chapter 607 and/or Chapter	r 621, F.S. (Profit)	TNC.
		NEWI MANTER MENT	, —,—,
The name of the corpo			
ARTICLE II P	RINCIPAL OFFICE Principal street address	Mailing address, if different is:	
1/17 1/1		•	
1/22:1	1. 13th Sq Beach FL 32960		
vero k	3 EACH FL 32760 _		
<u> </u>			
ARTICLE III PU	IRPOSE T.Wasta	poit Mariagonia	+
The purpose for whic	h the corporation is organized is:	()	<u>~ I _ </u>
		<u> </u>	
<u> </u>			
·			
			
		A SE	
ARTICLE IV S	HARES	.ARE	
	of stock is: 100	TASS ASS	internal Charles
		me p	¥ S ^{ar} ∓≈4;
ARTICLE V II	NITIAL OFFICERS AND/OR DIRECTORS	ident 55 ?	
Name and T	itle: Kenneth A. Weight, Name at	nd Title:	The same of the sa
Address	itle: Kenneth A. Weicht, Name at 1112 W 13 ^{T3} S9 Address	: 	· · · · · · ·
	Veno Beach FL 32960		
	PRESIDENT		
•			
Name and Ti	1112 W 13th Sq Address	nd Title:	<u> </u>
Address	11/2 //1 /3 ⁷⁴ So Address		
Address	N		
	Vero Beach FL 32960 Vice President, TREASUR		
	VICE PRESIDENT, TREASUR	رو	
	Mari M D I		
Name and Ti	tle: CKNIC / II. KAPPE / Name a	nd Title:	
Address	1112 W. 13 - 59 Address	S:	
	tle: CRAig M. Rappel Name at 1112 W. 13th 59 Address Veno Beach FL 32960		
	Veno Beach FL 32960 Vice President Secreta	" KU	
		/	

(conti.),

FILED

Name and Title:	Name and Tit	le: 13 JUN 20 PH 2: 34
Address	Address:	SECRETARY OF STATE TALLAHASSEE FLORIDA
·		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box	NOT acceptable) of the registered a	egent is:
, · · · · · · · · · · · · · · · · · · ·		
Name: Kennetz , Address: 1112 W. 13 - Veno Beac	Sg	
Veno Beac	L FL 32960	
	1	
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
Name: Kenneth	A. Wright	
Address: 1/12 W. 13 ⁷	7 59	
Veno BeAC	A. Wright Sq Lh FL 32960	
Having been named as registered agent to accept this certificate, I am Jamiliar with and accept the	appointment as registered agent ar	
Required Signature/Re	Quest	5-8-13
/ Required Signature/Re	egistered Agent	Date
I submit this document and affirm that the fact document to the Department of State constitutes		
Kennett a. W.	icht_	5-8-13
Required Signature/	Incorporator	Date