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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 07/08/13

COVER LETTER

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

Mitch Alexander, Inc.

SUBJECT: _____
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: Mitchell Raman

Name (Printed or typed)

915 NW 1st AVE. APT. LP-206

Address

Miami, FL 33136

City, State & Zip

781-626-1153

Daytime Telephone number

inc@mitchalexander.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

Mitch Alexander, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: _____

915 NW 1st AVE. APT. LP-206

Miami, FL 33136

USA

ARTICLE III PURPOSE

Marketing, Outsourcing and Investment Services

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 5000

The number of shares of stock is: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mitchell Raman, PVST

Address: 915 NW 1st AVE.

APT. LP-206

Miami, FL 33136

Name and Title: Mitchell Raman, D

Address: 915 NW 1st AVE.

APT. LP-206

Miami, FL 33136

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

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: Mitchell Raman
Address: 915 NW 1st AVE. APT. LP-206
Miami, FL 33136

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Mitchell Raman
Address: 915 NW 1st AVE. APT. LP-206
Miami, FL 33136

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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

Mitch Raman

Required Signature/Registered Agent

6-29-13

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.

Mitch Raman

Required Signature/Incorporator

6-29-13

Date