

P130000 81964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

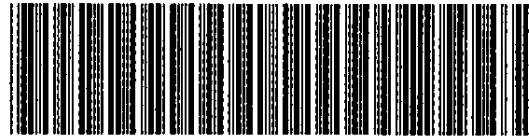
(Document Number)

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13 OCT -3 PM 3:27  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15413

**COVER LETTER**

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

**SUBJECT: Mike Dowdy Enterprises, 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: Mike Dowdy**

Name (Printed or typed)

**1613 Stafford**

Address

**Orlando, Florida 32809**

City, State & Zip

**810 623 0507**

Daytime Telephone number

**dowdy.michael@gmail.com**

E-mail address: (to be used for future annual report notification)

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 OCT -3 PM 3:27

**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 Dowdy Enterprise, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1613 Stafford

Orlando, Florida 32809

Mailing address, if different is:

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in any activity within the purposes for which  
corporations may be formed under the Corporation Act of Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Mike Dowdy/President

Name and Title: \_\_\_\_\_

Address 1613 Stafford  
Orlando, Florida 32809

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(cont.)

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: Same as above  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JAS & Associates, Inc  
Address: 18735 Ecorse Road  
Allen Park, Michigan 48101

*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 [Signature] 9/23/13  
Required 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.*

Michael [Signature] 9/30/13  
Required Signature/Incorporator Date