

P13000089398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

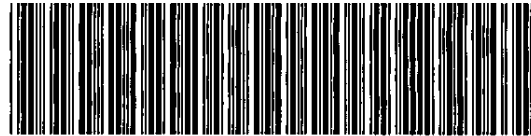
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700253149427

10/30/13--01018--014. **78.75

FILED

13 OCT 30 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
10/11/13

COVER LETTER

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

SUBJECT: Michael Limperis, 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 ☒ \$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: Michael F. Limperis

Name (Printed or typed)

18 Winnebago Road

Address

Ft. Lauderdale, FL 33308

City, State & Zip

954-854-1009

Daytime Telephone number

limperisphoto@gmail.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 Michael Limperis, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18 Winnebago Road

Ft. Lauderdale, FL 33308

ARTICLE III PURPOSE

to transact any and all lawful business

The purpose for which the corporation is organized is: _____
in the state of Florida.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Limperis, President

Name and Title: _____

Address 18 Winnebago Road

Address: _____

Ft. Lauderdale, FL 33308

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
13 OCT 30 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
13 OCT 30 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Michael F. Limperis
Address: 18 Winnebago Road
Ft. Lauderdale, FL 33308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael F. Limperis
Address: 18 Winnebago Road
Ft. Lauderdale, FL 33308

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 F. Limperis 10/25/2013
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 F. Limperis 10/25/2013
Required Signature/Incorporator Date