

P13000096169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

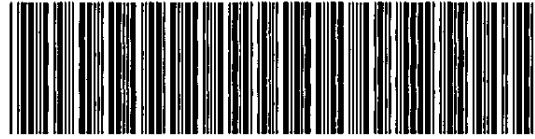
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Ps 12/13

COVER LETTER

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

SUBJECT: Michael R Gardner 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 Gardner
Name (Printed or typed)
2105 Hollywood dr
Address
Leesburg , Florida 34748
City, State & Zip
813-992-8444
Daytime Telephone number
michael-gardner101@live.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 R Gardner inc

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

2105 Hollywood Fl 34748

Mailing address, if different is:
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Profit for business consulting and/or trucking

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Gardner President Name and Title: _____

Address 2105 hollywood dr Leesburg Fl 34748 Address: _____

Name and Title: Bobbie Whisler Name and Title: _____

Address 2105 hollywood dr leesburg fl 34748 Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont.)

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DIVISION OF CORPORATIONS

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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 Gardner

Address: 2105 hollywood dr leesburg fl
34748


ARTICLE VII INCORPORATOR

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


Name: Michael Gardner

Address: 2105 hollywood dr
Leesburg fl 34748

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

 _____	11/24/13 _____
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.

 _____	11/24/13 _____
Required Signature/Incorporator	Date

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 R Gardner inc

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DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address

Mailing address of the agent is: 13 NOV 27 PM 2:05

2105 Hollywood Fl 34748

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Profit for business consulting and/or trucking

ARTICLE IV SHARES 1
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Gardner President Name and Title: _____

Address 2105 hollywood dr Leesburg Fl 34748 Address: _____

Name and Title: Bobbie Whisler Name and Title: _____

Address 2105 hollywood dr leesburg fl 34748 Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

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ARTICLE VI REGISTERED AGENT

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Name: Michael Gardner

Address: 2105 hollywood dr leesburg fl
34748

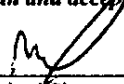
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The name and address of the Incorporator is:


Name: Michael Gardner

Address: 2105 hollywood dr
Leesburg fl 34748

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 _____ Required Signature/Registered Agent	<u>11/24/13</u> _____ Date
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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.

 _____ Required Signature/Incorporator	<u>11/24/13</u> _____ Date
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