P14000005866

Division of Corporations Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

13 JAN -8 PM 12:20

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MICA LEE CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$70.00

14 JAN -8 PM 2:39

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1-9-14

SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 JAN -8 PM 12:20

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: MICA LEE CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
1901 MARLIN DR.	1901 MARLIN DR.
LARGO FL 33770	LARGO FL 33770

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	SUSAN HAMMOND/DIRECTOR	Name and Title:	
Address	1901 MARLIN DR.	Address:	
	LARGO FL 33770		
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: SUSAN HAMMOND

Address: 1901 MARLIN DR.

LARGO FL 33770

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: SUSAN HAMMOND

Address: 1901 MARLIN DR.

LARGO FL 33770

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

(X) _____ 11/22/13

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 constitute a third degree felony as provided for in s.817.155, F.S.

(X) _____ 11/22/13

Required Signature/Incorporator Date