

P/4000011543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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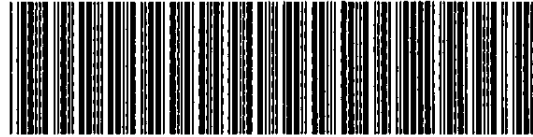
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: **MIKE POWERS, 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 POWERS**

Name (Printed or typed)

109 SAND PINE WAY

Address

ROYAL PALM BEACH, FL 33411

City, State & Zip

(561)632-7258

Daytime Telephone number

mike_powers109@att.net

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: MIKE POWERS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

109 SAND PINE WAY

ROYAL PALM BEACH, FL 33411

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL POWERS, PRESIDENT

Name and Title: _____

Address 109 SAND PINE WAY
ROYAL PALM BEACH, FL 33411

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

14 JAN 30 AM 9:15
STATE
TALLAHASSEE, FLORIDA

(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: MICHAEL POWERS

Address: 109 SAND PINE WAY

ROYAL PALM BEACH, FL 33411

14 JAN 30 AM 9:15
SECRET
DEPARTMENT OF STATE
PALM BEACH, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: MICHAEL POWERS

Address: 109 SAND PINE WAY

ROYAL PALM BEACH, FL 33411

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 Powers

Required Signature/Registered Agent

01/27/14

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 Powers

Required Signature/Incorporator

01/27/14

Date