

P14000012192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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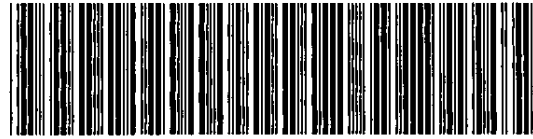
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF GOVT. SERVICES
2014 FEB -3 PM 3:29

1/4

COVER LETTER

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

SUBJECT: Mike Lindsay Consultants, 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: Sandy Stokes, PA

Name (Printed or typed)

615 N 14th Street

Address

Leesburg, FL 34748

City, State & Zip

352-728-4779

Daytime Telephone number

spiritmeat@yahoo.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: Mike Lindsay Consultants, Inc.

FULL
SECRETARY OF
DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal street address

34113 Peekskill St

Leesburg, FL 34748

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Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For profit corporation providing consulting services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Lindsay, President

Address: 34113 Peekskill St
Leesburg, FL 34748

Name and Title: _____

Address: _____

Name and Title: Sandra Lindsay, Sec/Treas

Address: 34113 Peekskill St
Leesburg, FL 34748

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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DIVISION OF CORPORATE...

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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: Beryl N Stokes, CPA
Address: 615 N 14th Street
Leesburg, FL 34748

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

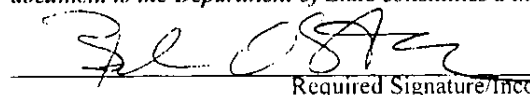
Name: Beryl N Stokes, CPA
Address: 615 N 14th Street
Leesburg, FL 34748

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:


Required Signature/Registered Agent

1/29/14
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.


Required Signature/Incorporator

1/29/14
Date