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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

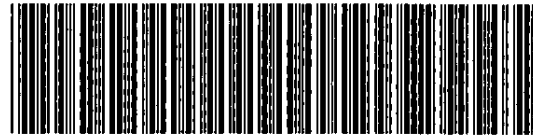
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
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: Michael Sumrall 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: ESTELLE D'ANDREA

Name (Printed or typed)

2631 SW CHESTNUT LANE

Address

PORT ST. LUCIE, FL. 34953

City, State & Zip

561-674-4076

Daytime Telephone number

bigcityaccounting@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)

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ARTICLE I NAME
The name of the corporation shall be: Michael Sumrall Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address
12 Grayling Way
Panama City Beach
Florida 32413

Mailing address, if different is:
2631 SW Chestnut La.
Port St. Lucie, FL 34953

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: for profit

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Michael Sumrall, President</u>	Name and Title:	_____
Address	<u>12 Grayling Way</u>	Address:	_____
	<u>Panama City Beach</u>		_____
	<u>Florida 32413</u>		_____

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

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

(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: Estelle D'Andrea
 Address: 2631 SW Chestnut La.
Port St. Lucie, Fl. 34953

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Sumrall
 Address: 12 Grayling Way
Panama City Beach, Fl. 32413

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

Estelle D'Andrea
 Required Signature/Registered Agent

06-13-14
 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 Sumrall
 Required Signature/Incorporator

6-13-14
 Date