

P14 000057185

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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14 JUN 30 AM 11:13

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

14 JUN 30 PM 4:11

SECRET  
TALLAHASSEE, FLORIDA

June 16, 2014

MICHAEL ARRINGTON  
2160 SAN MARCOS CIRCLE #512  
WINTER HAVEN, FL 33880

SUBJECT: MICHAEL ARRINGTON CONSULTANT INC.  
Ref. Number: W14000037277

We have received your document for MICHAEL ARRINGTON CONSULTANT INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 314A00012947

*Please  
see  
attached.*

## COVER LETTER

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

SUBJECT: **MICHAEL ARRINGTON CONSULANT 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: **Michael Arrington**  
Name (Printed or typed)  
**2160 San Marcos Circle #512**  
Address  
**Winter Haven FL 33880**  
City, State & Zip  
**(863) 585 9523**  
Daytime Telephone number  
**mjagators863@hotmail.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 Arrington Consultant Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2160 San Marcos Circle #512

Winter Haven

FL 33880

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To own and operate consulting business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Michael J. Arrington, Pres/

Name and Title: \_\_\_\_\_

Address

2160 San Marcos Circle #512

Address: \_\_\_\_\_

Winter Haven

FL 33880

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

SECRETARY OF STATE  
DIVISION OF CORPORATE & FINANCIAL SERVICES  
JUN 30 AM 11:13

(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 J. Arrington

Address: 2160 San Marcos Circle #512

Winter Haven FL 32792

JUN 30 AM 11:14  
DIVISION OF CORPORATE AFFAIRS  
STATE OF FLORIDA

**ARTICLE VII INCORPORATOR**

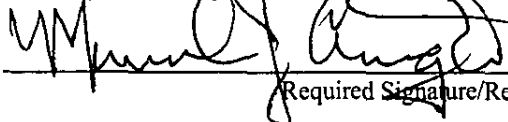
The name and address of the Incorporator is:

Name: Michael J. Arrington

Address: 2160 San Marcos Circle #512

Winter Haven FL 33880

*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

6/6/14

\_\_\_\_\_  
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

6/6/14

\_\_\_\_\_  
Date