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(Danisatada Nassa)				
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
(,				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Dusiness Entity Name)				
(Document Number)				
Certified Copies Certificates of Statu	ıs			
Special Instructions to Filing Officer:				

Office Use Only



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PALLANASSEE, FLORD

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MICHAEL A. O'BRIEN, P.A.

1115 E. LIVINGSTON STREET ORLANDO, FLORIDA 32803

TELEPHONE: (407) 872-1484 FAX: (561) 880-8206

EMAIL:blackbar@earthlink.net

July 9, 2014

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

Re: M. J. Thieman, Inc. / Articles of Incorporation

Dear Sir or Madam:

Please find enclosed the original and one copy of the Articles of Incorporation for M. J. Thieman, Inc.. A check for the filing fee in the amount of \$70.00 is also enclosed.

Thank you for your assistance in this matter. In the event that there is some issue with regard to the establishment of this corporation. I would request that you contact me in order to resolve the matter.

Sincerely,

MOB/abg Enclosures

COVER LETTER

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

TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
cles of incorporation an	d a check for:
\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	
(Printed or typed)	
2810	
State & Zip	· · · · · · · · · · · · · · · · · · ·
elephone number	
om	
	Filing Fee & Certified Copy ADDITIONAL CO ADDITIONAL CO Printed or typed) Ve Address 2810 State & Zip elephone number

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)

	Principal street address		Mailing address, if different is:	
5127 Contoura Drive		5127 Contoura Drive		
Orlando, Fl	rlando, Florida 32810		Orlando, Florida 32810	
ARTICLE III PU The purpose for which	RPOSE a the corporation is organized is: Any	and all lawful p	ourposes.	
ARTICLE IV SH	IARES 100		TAHAS:	
ARTICLE V IN Name and Ti	ITIAL OFFICERS AND/OR DIRECTO	Name and Title:	LEB II PN 2: 17 CCOF STATE SEELFLOODA	
ARTICLE V IN	ITIAL OFFICERS AND/OR DIRECTO	Name and Title: Address:		
ARTICLE V IN Name and Tit Address	TITIAL OFFICERS AND/OR DIRECTO Ile: Michael T. Thieman, Presiden 5127 Contoura Drive	Name and Title: Address:	PN 2: 17 ELPRIDA	
ARTICLE V IN Name and Tit Address	Michael T. Thieman, Presidents: 5127 Contoura Drive Orlando, Florida 32	Name and Title: Address: Name and Title:	PN 2: 17 ELPRIDA	
Name and Tite Address Name and Tite Address	Michael T. Thieman, President 5127 Contoura Drive Orlando, Florida 32	Name and Title: Address: Name and Title: Address: Address:	PN 2: 17 FLORDA	

Name and	! Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
The name and Flo	orida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	Michael T. Thieman	<u>.</u>	
Address:	5127 Contoura Drive	_	
	Orlando, Florida 32810	_	
ARTICLE VII	INCORPORATOR		LE PH
The name and ad	dress of the Incorporator is:		2: 1 2: 1 2: 0
Name:	Michael T. Thieman		5 T
Address:	5127 Contoura Drive	_	
	Orlando, Florida 32810	-	
this certificate, I a	ed as registered agent to accept service of process m familiar with and accept the appointment as reg	pistered agent and agree to act in	
much	of office		7-8-2014
	Required Signature/Registered Agent		7-8-20/4 Date
document to the L	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon		
"	Required Signature/Incorporator		7- 8- 2014 Date
	Required Signature/Incorporator		Date