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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
BISCAYNE CLAIRVOYANT & PSYCHIC, INC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

B. 9/3/14

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COVER LETTER

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

SUBJECT: Biscayne Clairvoyant & Psychic, 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 D. Orenstein, Esquire
Name (Printed or typed)

3864 Sheridan Street
Address

Hollywood, Florida 33021
City, State & Zip

954-963-0100
Daytime Telephone number

MDOLAW85@AOL.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: Biscayne Clairvoyant & Psychic, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

10909 Biscayne Boulevard

Miami, Florida 33161

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nicole Mitchell, Pres.

Address: 888 Biscayne Blvd.

Unit# 2311

Miami, Florida 33132

Name and Title: Nicole Mitchell, Sec'y

Address: 888 Biscayne Blvd.

Unit# 2311

Miami, Florida 33132

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

(cont.)

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 D. Orenstein, Esq.
 Address: 3864 Sheridan Street
Hollywood, Florida 33021

SEP 2 2014
 DIVISION OF CORPORATIONS
 16:35

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nicole Mitchell
 Address: 888 Biscayne Blvd. Unit#2311
Miami, Florida 33132

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 9-2-2014
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. 817.133, F.S.

 Required Signature/Incorporator 9-2-2014
Date