

P/4000080056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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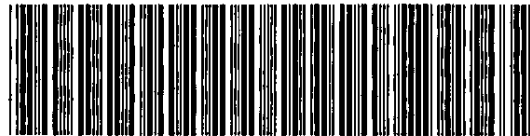
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 SEP 26 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓ 09/29/14

COVER LETTER

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

SUBJECT: **MIKA TAX & MULTI SERVICES, 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: **MICHAELLE DESRUISSEAU**

Name (Printed or typed)

605 NOTRE DAME WAY

Address

KISSIMMEE FL, 34759

City, State & Zip

407-2855626

Daytime Telephone number

MICAG1@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: MIKA TAX & SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

605 NOTRE DAME WAY

KISSIMMEE FL, 34759

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PREPARE INCOME TAXES
AND OTHER SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAELLE DESRIUSSEAU

Name and Title: _____

Address 605 NOTRE DAME WAY

Address: _____

KISSIMMEE FL, 34759

PRESIDENT

Name and Title: STANFORD MEREIGH

Name and Title: _____

Address 605 NOTRE DAME WAY

Address: _____

KISSIMMEE FL, 34759

VICE PRESIDENT

Name and Title: JOCELYNE DESRUISSEAU

Name and Title: _____

Address 711 TOULON DR.

Address: _____

KISSIMMEE FL, 34759

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TALLAHASSEE, FLORIDA

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: MICHAELLE DESRUISSEAU

Address: 605 NOTRE DAME WAY
KISSIMMEE FL, 34759

ARTICLE VII INCORPORATOR

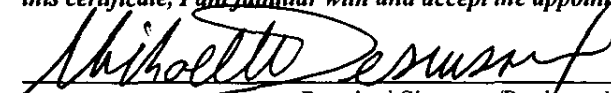
The name and address of the Incorporator is:

Name: MICHAELLE DESRUISSEAU

Address: 605 NOTRE DAME WAY
KISSIMMEE FL, 34759

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TALLAHASSEE, FLORIDA

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

09/15/2014

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.817.155, F.S.


Required Signature/Incorporator

09/15/2014

Date