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☐ PICK-UP

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CLERK 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: Quality Cabinet Installation by Mike Smith 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 E. Smith
Name (Printed or typed)
6529 Solitaire Palm Way
Address
Apollo Beach FLA. 33572
City, State & Zip
(813) 624 8081
Daytime Telephone number
mikesmith.ms813@gmail
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2014

MICHEAL E. SMITH
6529 SOLITAIRE PALM WAY
APOLLO BEACH, FL 33572

SUBJECT: QUALITY CABINET INSTALLATION BY MIKE SMITH INC.
Ref. Number: W14000054011

We have received your document for QUALITY CABINET INSTALLATION BY MIKE SMITH INC. and your check(s) totaling \$78.75. 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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 414A00018895



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2014

MICHEAL E. SMITH
6529 SOLITAIRE PALM WAY
APOLLO BEACH, FL 33572

SUBJECT: QUALITY CABINET INSTALLATION BY MIKE SMITH INC.
Ref. Number: W14000054011

We have received your document for QUALITY CABINET INSTALLATION BY MIKE SMITH INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

Percentages (%) are not required. List only the total number of shares authorized.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 414A00018895

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: Quality Cabinet Installation by Mike Smith Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6529 Solitaire Palm Way
Apollo Beach FL 33572

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to install cabinets and tile

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mike Smith Name and Title: _____

Address: 6529 Solitaire Palm Way Address: _____
Apollo Beach FL 33572

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(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 Smith
Address: 6529 Solitaire Palm Way
Apollo Beach FL 33572

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Smith
Address: 6529 Solitaire Palm Way
Apollo Beach FL 33572

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

Michael Smith
Required Signature/Registered Agent

8-27-14
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 Smith
Required Signature/Incorporator

8-27-14
Date

FILED
14 SEP 29 PM 4:41
DEPT. OF STATE
TALLAHASSEE, FLORIDA