

P140000082900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

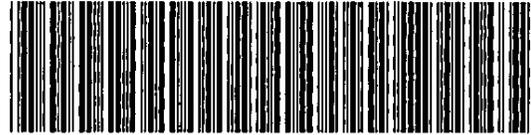
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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10/06/14--01026--010 **70.00

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14 OCT -6 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/08/14

COVER LETTER

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

SUBJECT: Nic Mic 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Michael Herl
Name (Printed or typed)

505 Humphries Rd, Safety Harbor FL
Address

Safety Harbor FL 34695
City, State & Zip

703-400-9853
Daytime Telephone number

NICMICINC@SMail.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: Nic Mic Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

505 Humphries Rd
Safety Harbor FL 34695

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide personalized pet sitting and care services

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TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Michael Herz</u>	Name and Title:	<u>Nicholas Montano</u>
Address	<u>505 Humphries Rd</u> <u>Safety Harbor FL</u> <u>34695</u>	Address:	<u>505 Humphries Rd</u> <u>Safety Harbor FL</u> <u>34695</u>

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 Herl
 Address: 505 Humphries Rd
Safety Harbor FL 34695

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Herl
 Address: 505 Humphries Rd
Safety Harbor FL 34695

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

3 Oct 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

3 Oct 2014
 Date