

P/5000/13993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

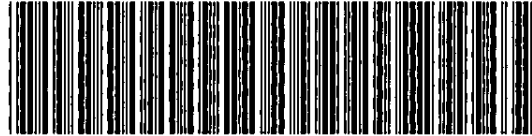
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Certified Copies

Certificates of Status

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 11 2015
S. GILBERT

COVER LETTER

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

SUBJECT: Michael A. Volkernick, P.A.

(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 A. Volkernick

Name (Printed or typed)

4509 SW 20th Place

Address

Cape Coral, FL 33914

City, State & Zip

239-989-4878

Daytime Telephone number

Mike@MikeVolkernick.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: Michael A. Volkernick, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4509 SW 20th Place

Cape Coral, FL 33914

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TALLAHASSEE, FLORIDA
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Services

ARTICLE IV SHARES

The number of shares of stock is: 1124

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael A. Volkernick

Name and Title: _____

Address 4509 SW 20th Place

Address: _____

Cape Coral, FL 33914

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

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:

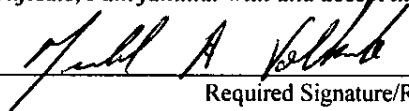
Name: Michael A. Volkernick
Address: 4509 SW 20th Place
Cape Coral, FL 33914

ARTICLE VII INCORPORATOR

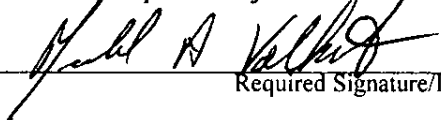
The **name and address** of the Incorporator is:

Name: Michael A. Volkernick
Address: 4509 SW 20th Place
Cape Coral, FL 33914

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

 01/28/2015
Required Signature/Registered Agent 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.

 01/28/2015
Required Signature/Incorporator Date