

PI5000016270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

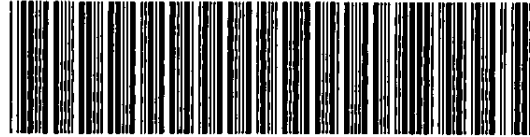
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600268694656

01/27/15--01045--013 **87.50

STATE
ALL AMESSE, FLORIDA

15 FEB 17 PM 1:37

1115-8563

MD 2/18

COVER LETTER

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

SUBJECT: Mike Mawhinney Real Estate PA, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Michael Mawhinney
Name (Printed or typed)
300 NE 19th Ct Unit N 106
Address
Wilton Manors, FL 33305
City, State & Zip
954-563-6611
Daytime Telephone number
mmawhinney37@yahoo.com
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

February 5, 2015

MICHAEL MAWHINNEY
300 NE 19TH CT., UNIT N 106
WILTON MANORS, FL 33305

SUBJECT: MIKE MAWHINNEY REAL ESTATE PA, INC
Ref. Number: W15000008563

We have received your document for MIKE MAWHINNEY REAL ESTATE PA, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of "PA" and "INC" is not allowed in the corporation name. Select one suffix ending.

If you are filing as a "Professional Association" or "PA", you must be specific when completing Article III - Purpose.

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: 115A00002416

COVER LETTER

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

SUBJECT: **Mike Mawhinney Real Estate 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 Mawhinney**
Name (Printed or typed)
300 NE 19th Ct Unit N 106
Address
Wilton Manors, FL 33305
City, State & Zip
954-563-6611
Daytime Telephone number
mmawhinney37@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: Mike Mawhinney Real Estate INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

300 NE 19th Ct Unit N 106
Wilton Manors, FL 33305

Mailing address, if different is:

300 NE 19th Ct Unit N 106
Wilton Manors, FL 33305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To do any lawful business for which a
corporation may be formed in the state of Florida.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Mawhinney- CEO Name and Title: _____

Address: 300 NE 19th Ct Unit N 106 Address: _____

Wilton Manors, FL 33305 _____

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 Mawhinney
Address: 300 NE 19th Ct Unit N 106
Wilton Manors, FL 33305

15 FEB 17 PM 1:37
NOTARY PUBLIC
FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Michael Mawhinney
Address: 300 NE 19th Ct Unit N 106
Wilton Manors, FL 33305

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

12/30/2014
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

12/30/2014
Date