

PI5 000020447

(Requestor's Name)

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(City/State/Zip/Phone #)

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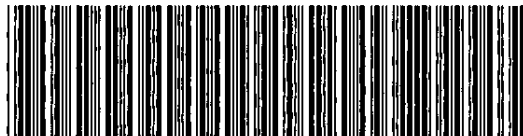
(Business Entity Name)

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15 MAR -2 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3 4-15-16

COVER LETTER

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

SUBJECT: MIKE RUSSELL 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 A. RUSSELL
Name (Printed or typed)

4635 THIRD AVE
Address

ST. AUGUSTINE, FL 32095
City, State & Zip

(904) 427-2866
Daytime Telephone number

SLASHERXOLMR@GMAIL.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 RUSSELL INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4635 THIRD AVE
ST AUGUSTINE, FL. 32095

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REMODEL HOMES

15 MAR -2 PM 1:10
CLERK OF DISTRICT COURT
PALM BEACH COUNTY, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MIKE RUSSELL PRESIDENT Name and Title: _____

Address: 4635 THIRD AVE Address: _____
ST. AUGUSTINE, FL. 32095

Name and Title: JOSEPH PETTY VICE PRES. Name and Title: _____

Address: 4635 THIRD AVE Address: _____
ST. AUGUSTINE, FL. 32095

Name and Title: JOSHUA GRIFFIN TREASURER Name and Title: _____

Address: 4635 THIRD AVE Address: _____
ST. AUGUSTINE, FL. 32095

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

_____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: _____

MIKE RUSSELL

Address: _____

4635 THIRD AVEST. AUGUSTINE, FL. 32095**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: _____

MIKE RUSSELL

Address: _____

4635 THIRD AVEST. AUGUSTINE, FL. 32095

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.

MR. RussellMICHAEL A. RUSSELL

Required Signature/Registered Agent

3/1/15

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.

MR. RussellMICHAEL A. RUSSELL

Required Signature/Incorporator

3/1/15

Date