

P15 000021506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

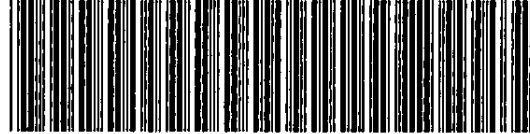
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700270042447

03/02/15--01011--009 \*\*70.00

FILED  
2015 MAR -2 PM 3:42  
SECRETARY OF STATE  
HARTFORD, CT 06103

3/6 em

## COVER LETTER

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

SUBJECT: **Mikes Hardwood Floors 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 Crosby**

Name (Printed or typed)

**1488 SR 20 Lot 39**

Address

**Interlachen FL 32148**

City, State & Zip

**(904) 219 - 8285**

Daytime Telephone number

**mikey8729@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: Mikes Hardwood Floors Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1488 SR20 Lot 39

Interlachen Fl 32148

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The purpose is so that i may install, sand,  
and finish floors.

FILED  
2015 MAR -2 PM 3:42  
SECRETARY OF STATE  
ALACHUA COUNTY, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Michael Crosby (president)

Name and Title: \_\_\_\_\_

Address 1488 SR 20 Lot 39

Address: \_\_\_\_\_

Interlachen FL 32148

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 Crosby  
Address: 1488 SR 20 Lot 39  
Interlachen FL 32148

**ARTICLE VII INCORPORATOR**

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

Name: Michael Crosby  
Address: 1488 SR 20 Lot 39  
Interlachen FL 32148

*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

2/27/2015

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

2/27/2015

Date