

P15000034160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

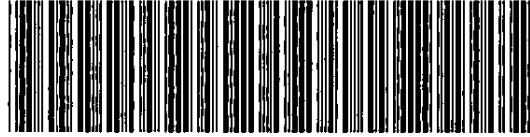
(Business Entity Name)

(Document Number)

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

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15 APR 13 AM 11:48  
20150413 11:48:00  
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04/13/15--01012--005 \*\*70.00

MD 4/15

## COVER LETTER

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

SUBJECT: **MICHAEL BARNES, 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: **STEVEN KRAFT & ASSOC PA**

Name (Printed or typed)

**934 N UNIVERSITY DR #250**

Address

**CORAL SPRINGS, FL 33071**

City, State & Zip

**954-755-0558**

Daytime Telephone number

**SKRAFTPA@AOL.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 BARNES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

15100 BRISTOL LANE

DAVIE, FL 33331

Mailing address, if different is:

C/O KRAFT-934 N UNIVERSITY DR#250

CORAL SPRINGS, FL 33071

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES** 1000

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: MICHAEL BARNES-PRES Name and Title: \_\_\_\_\_

Address 15100 BRISTOL LANE Address: \_\_\_\_\_  
DAVIE, FL 33331

Name and Title: CARA BARNES-VP Name and Title: \_\_\_\_\_

Address 15100 BRISTOL LANE Address: \_\_\_\_\_  
DAVIE, FL 33331

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 BARNES  
Address: 15100 BRISTOL LANE  
DAVIE, FL 33331

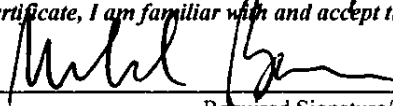
FILED  
15 APR 13 AM 11:48  
ALL COUNTY OF FLORIDA

**ARTICLE VII INCORPORATOR**

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

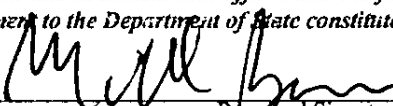
Name: MICHAEL BARNES  
Address: 15100 BRISTOL LANE  
DAVIE, FL 33331

*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

04/07/2015  
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

04/07/2015  
Date