

P160000019689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

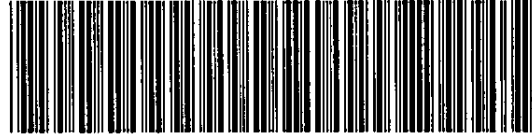
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Michael Vackwak gave
authorization to add
1000 shares to the
application
dec 3/3

Office Use Only



800281907698

02/11/16--01019--006 **87.50

FILED
16 MAR -3 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 3 2016

D CUSHING

COVER LETTER

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

SUBJECT: Michael D. Yackwak, 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 D. Yackwak, Inc.

Name (Printed or typed)

220 Hunters Trl

Address

Longwood FL 32779

City, State & Zip

407-739-5645

Daytime Telephone number

my9862@gmail.com

E-mail address: (to be used for future annual report notification)

FILED
16 MAR - 3 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 D. Yackwak, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

220 Hunters Trl

Longwood FL 32779

Mailing address, if different is:

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael D. Yackwak, President

Address 220 Hunters Trl

Longwood FL 32779

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

FILED
16 MAR -3 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Glenn W. Brunskill
Address: 220 Hunters Trl
Longwood FL 32779

ARTICLE VII INCORPORATOR

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

Name: Michael D. Yackwak
Address: 220 Hunters Trl
Longwood FL 32779

FILED
16 MAR -3 AM 11:26
STATE OF FLORIDA
TALLAHASSEE COUNTY

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

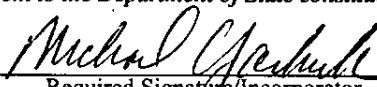


Required Signature/Registered Agent

February 8, 2016

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

February 8, 2016

Date