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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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7

COVER LETTER

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

SUBJECT: MICHAEL HANLON'S PRIVATE CHEF SERVICES 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 Ferraro CPA
Name (Printed or typed)
196 E. Nine Mile Rd----- Suite E
Address
Pensacola FL 32534
City, State & Zip
850-475-4100
Daytime Telephone number
HANLONMIKE@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: MICHAEL HANLON'S PRIVATE CHEF SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

359 MIRABELLE DR

PENSACOLA FL 32514

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

to engage in any business or activity not prohibited by law.

ARTICLE IV SHARES

The number of shares of stock is: One

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL HANLON Name and Title: President

Address: 359 MIRABELLE DR Address: _____

PENSACOLA FL 32514

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 HANLON
Address: 359 MIRABELLE DR
PENSACOLA FL 32514

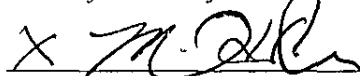
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL HANLON
Address: 359 MIRABELLE DR
PENSACOLA FL 32514

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

X 
Required Signature/Registered Agent

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.

X 
Required Signature/Incorporator

Date