

P16000057703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

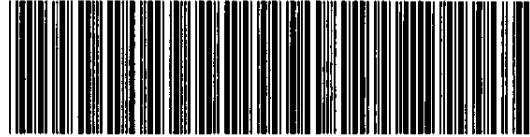
(Business Entity Name)

(Document Number)

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

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16 JUN 30 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

7/4/16

## COVER LETTER

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

SUBJECT: South Palm Reporting, 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: Donna Mihalko  
Name (Printed or typed)

9727 SW Santa Monica Dr.  
Address

Palm City, FL 34990  
City, State & Zip

561-338-0815

Daytime Telephone number

donna@southpalmreporting.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: South Palm Reporting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9727 SW Santa Monica Dr.  
Palm City, FL 34990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The general nature of  
business to be transacted is court  
reporting services, and shall be any  
lawful business for the State of  
Florida and all acts properly incidental  
thereto.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donna Mihalko Name and Title: President  
Address: 9727 SW Santa Monica Dr. Address: \_\_\_\_\_  
Palm City, FL  
34990

Name and Title: Donna Mihalko Name and Title: VP, S, T  
Address: 9727 SW Santa Monica Dr. Address: \_\_\_\_\_  
Palm City, FL 34990

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

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

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

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

16 JUN 30 PM 3:29  
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:

Donna Mihalko

Address:

9727 SW Santa Monica Dr  
Palm City, FL 34990

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Donna Mihalko

Address:

9727 SW Santa Monica Dr  
Palm City, FL 34990

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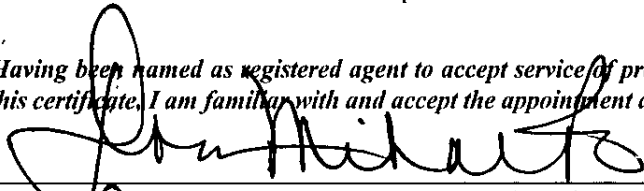
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: July 1, 2016 (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*

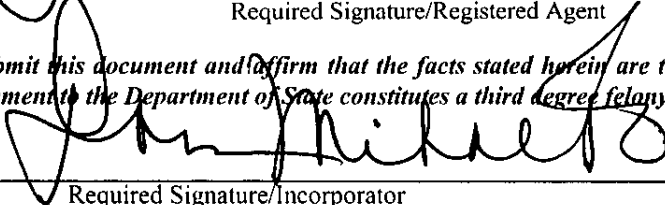


Required Signature/Registered Agent

6-27-16

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

6-27-16

Date