

P16000082962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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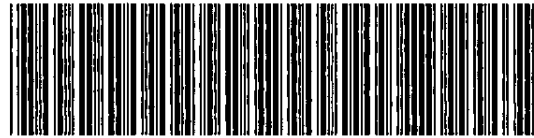
(Business Entity Name)

(Document Number)

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2016 OCT 12 PM 4:53
CLERK OF STATE
TALLAHASSEE, FLORIDA

V HERRING

OCT 13 2016

COVER LETTER

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

SUBJECT: Michael Chavez Millworks & Cabinetry, 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: Michael Chavez

Name (Printed or typed)

5401 34th Ave. N.

Address

St. Petersburg, Fl. 33710

City, State & Zip

727-239-5130

Daytime Telephone number

mike@mjcmillworks.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 Chavez Millworks & Cabinetry, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5401 34th Ave. N. St. Petersburg, Fl. 33710

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Fabricate Custom Millwork

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael J. Chavez

Name and Title: Pamela K. Chavez

Address 5401 34th Ave. N.

Address: 5401 34th Ave. N.

St. Petersburg, Fl. 33710

St. Petersburg, Fl. 33710

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
30

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Michael Chavez
Address: 5401 34th Ave. N.
St. Petersburg, Fl. 33710

ARTICLE VII INCORPORATOR

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

Name: Michael Chavez
Address: 5401 34th Ave. N.
St. Petersburg, Fl. 33710

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10-1-16 (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.

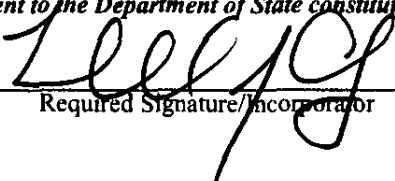
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/3/16
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

10/3/16
Date