## P17000016687

Office Use Only

N. SAMS FEB 2 3 2017



500294003685

Ûi/Si/i7--01007--008 \*\*70.06

JANUARY 27,2017

TO WHOM IT MAY COCERN:

I DO NOT WISH TO REINSTATE THE COMPANY #P01000047910

MICHAEL J. MASON



February 1, 2017

MICHAEL J. MASON 200 WEST 17TH STREET LYNN HAVEN, FL 32444

SUBJECT: MIKE'S AUTO REPAIR, INC.

Ref. Number: W17000009212

We have received your document for MIKE'S AUTO REPAIR, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 517A00002027

Nadira D McClees-Sams Regulatory Specialist II

www.sunbiz.org

Division of Comparties - D.O. DOV COOT Tell-bases - Electrope

## **COVER LETTER**

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

SUBJECT: MIKE'S	AUTO REPAIR, INC.		
	(PROPOSED CORPORA	ATE NAME – <u>MÚST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fee	•	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
	CHAEL J. MASON Nam	e (Printed or typed)	
200	WEST 17TH STREET		
		Address	
LY	NN HAVEN, FLORIDA 32444		
	City,	State & Zip	
(850	0) 265-2890		
<del></del>	Daytime T	elephone number	
bool	kkeepingetc6020@gmail.com		
	E-mail address: (to be use	d for future annual report i	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)

RTICLE II PRINC	Principal <u>street</u> address		Mailing address, if different is:
00 WEST 27TH STR	EET		
YNN HAVEN, FLO	RIDA 32444		
RTICLE III PURP	OSE the corporation is organized is:		
ANY AND ALL LAV	WFUL BUSINESS		
	<del></del> -		
<del>-</del>			
	stock is:		
he number of shares of  RTICLE V INITIA  Name and Titl	Stock is:  AL OFFICERS AND/OR DIRECTORS  MICHAEL I MASON	Name and Title	PRESIDENT 200 WEST 17TH STREET
he number of shares of	Stock is:  AL OFFICERS AND/OR DIRECTORS  E:  MICHAEL J. MASON		:
he number of shares of  RTICLE V INITIA  Name and Titl	AL OFFICERS AND/OR DIRECTORS  e: MICHAEL J. MASON  200 WEST 17TH STREET	Name and Title	200 WEST 17TH STREET
he number of shares of RTICLE V INITIA Name and Titl Address	AL OFFICERS AND/OR DIRECTORS  e: MICHAEL J. MASON  200 WEST 17TH STREET	Name and Title Address:	200 WEST 17TH STREET  LYNN HAVEN, FLORIDA 32444
he number of shares of RTICLE V INITIA Name and Titl Address	AL OFFICERS AND/OR DIRECTORS  MICHAEL J. MASON  200 WEST 17TH STREET  LYNN HAVEN, FLORIDA 32444	Name and Title Address: Name and Title	200 WEST 17TH STREET  LYNN HAVEN, FLORIDA 32444
RTICLE V INITIA Name and Titl Address Name and Title	Stock is:  AL OFFICERS AND/OR DIRECTORS  WICHAEL J. MASON  200 WEST 17TH STREET  LYNN HAVEN, FLORIDA 32444	Name and Title Address: Name and Title	200 WEST 17TH STREET  LYNN HAVEN, FLORIDA 32444
RTICLE V INITIA Name and Titl Address Name and Title	Stock is:  AL OFFICERS AND/OR DIRECTORS  WICHAEL J. MASON  200 WEST 17TH STREET  LYNN HAVEN, FLORIDA 32444	Name and Title Address:  Name and Title Address: Address:	200 WEST 17TH STREET  LYNN HAVEN, FLORIDA 32444
ne number of shares of  RTICLE V INITIA  Name and Title  Address  Name and Title  Address	AL OFFICERS AND/OR DIRECTORS  MICHAEL J. MASON  200 WEST 17TH STREET  LYNN HAVEN, FLORIDA 32444	Name and Title Address: Name and Title Address: Address:	200 WEST 17TH STREET  LYNN HAVEN, FLORIDA 32444
ne number of shares of  RTICLE V INITIA  Name and Title  Address  Name and Title  Address	AL OFFICERS AND/OR DIRECTORS  MICHAEL J. MASON  200 WEST 17TH STREET  LYNN HAVEN, FLORIDA 32444	Name and Title Address: Name and Title Address: Name and Title Name and Title	200 WEST 17TH STREET  LYNN HAVEN, FLORIDA 32444

Name a	nd Title:	Name and Title:
Addres		Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable	a) at the revietand event in
Name:	MICHAEL J. MASON	e) of the registered agent is:
Address:	200 WEST 17TH STREET	<u> </u>
	LYNN HAVEN, FLORIDA32444	
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	address of the Incorporator is:	
Name:	MICHAEL J. MASON	
Address:	200 WEST 17TH STREET	
	LYNN HAVEN, FLORIDA32444	<del></del>
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, is	f other than the date of filing:	
filing.)		more and the days prior of 20 days after the
	e inserted in this block does not meet the applica effective date on the Department of State's record	ble statutory filing requirements, this date will not be listed as is.
Having been na this certificate, I	med as registered agent to accept service of pro-	eess for the above stated corporation at the place designated i registered agent and agree to act in this capacity
MUO	a I Mach	FEBRUARY 15, 2017
	Required Signature/Registered Agent	Date
I submit this do	cument and affirm that the facts stated herein o Department of State constitutes a third degree fe	tre true. I am aware that the false information submitted in long as provided for in s.817.155, F.S.
m. 2/0	of the materi	FEBRUARY 15,2017
V Requ	ired Signature/Incorporator	Date