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(Requestor's Name)

(Address)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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T. SCOTT



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APPROVED
AND
FILED
17 APR -3 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: MIKALEWORKSHOPPAINTING.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: MIKALE EXANTUS

Name (Printed or typed)

446 SW 9th AVE

Address

HOMESTEAD FL 33030

City, State & Zip

(786)231-7773

Daytime Telephone number

mikaleexantus@gmail.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: MIKALEWORKSHOPPAING.INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

446 SW 9th AVE

HOMESTEAD FL 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PAINTING

ARTICLE IV SHARES

The number of shares of stock is: 1

17 APR - 3 AM 8:42
CLERK OF STATE
HOMESTEAD, FLORIDA

APPROVED
AND
FILED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MIKALE EXANTUS, O

Name and Title: JULIEN MERLIEN, D

Address 446 SW 9th AVE

Address: 446 SW 9th AVE

HOMESTEAD FL 33030

HOMESTEAD FL 33030

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: JULIEN MERLIEN
Address: 446 SW 9th AVE
HOMESTEAD FL 33030

ARTICLE VII INCORPORATOR

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

Name: MIKALE EXANTUS
Address: 446 SW 9th ave
HOMESTEAD FL 33030

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3-28-2017 (OPTIONAL)

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

Julien Merlien
Required Signature/Registered Agent

3-28-2017
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.

Mikale Exantus
Required Signature/Incorporator

3-28-2017
Date