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(Business Entity Name)

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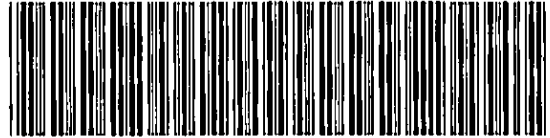
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FILED  
2018 JUN 25 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

MIG TRANSLOG. CO

(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: \_\_\_\_\_

MIROSLAV CITAKOVIC / MIG TRANSLOG. CO  
Name (Printed or typed)

2799 NW 2 AVENUE, SUITE 204  
Address

BOCA RATON, FL 33431  
City, State & Zip

561-713-9195  
Daytime Telephone number

CITAKOVICM@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: MIG TRANSLOG. CO

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2799 NW 2 AVENUE, SUITE 204  
BOCA RATON, FL 33431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR PROFESSIONAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MIROSLAV CITAKOVIC, PRES. Name and Title: \_\_\_\_\_

Address 2799 NW 2 AVENUE Address: \_\_\_\_\_  
SUITE 204  
BOCA RATON, FL 33431

Name and Title: CHRISTIAN E. GOFORTH, SEC. Name and Title: \_\_\_\_\_

Address 2799 NW 2 AVENUE Address: \_\_\_\_\_  
SUITE 204  
BOCA RATON, FL 33431

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

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

2018 JUN 25 AM 9:05  
CLERK  
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: MIROSLAV CITAKOVIC

Address: 2799 NW 2 AVENUE, SUITE 204  
BOCA RATON, FL 33431

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MIROSLAV CITAKOVIC

Address: 2799 NW 2 AVENUE, SUITE 204  
BOCA RATON, FL 33431

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 06/14/2018 (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*

Miroslav Citakovic  
Required Signature/Registered Agent

06/19/2018  
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.*

Miroslav Citakovic  
Required Signature/Incorporator

06/19/2018  
Date