

P18000056346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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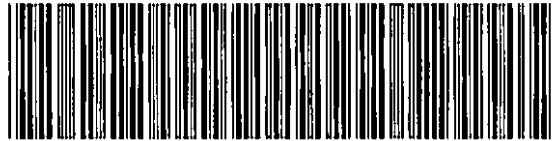
(Business Entity Name)

(Document Number)

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

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2018 JUN 21 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 26 2018

T. SCOTT

## COVER LETTER

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

**SUBJECT:** MICHAEL K. FOLLINS, 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:** MICHAEL K. FOLLINS  
Name (Printed or typed)

2411 NW 2ND STREET  
Address

OCALA, FL. 34475  
City, State & Zip

352-274-2724  
Daytime Telephone number

M.FOLLINS@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: MICHAEL K. FOLLINS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2411 NW 2ND STREET

OCALA, FL. 34475

Mailing address, if different is:

2411 NW 2ND STREET

OCALA, FL. 34475

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CONTRUCTION

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MICHAEL K. FOLLINS - PRESIDENT

Address: 2411 NW 2ND STREET

OCALA, FL. 34475

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

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

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

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

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

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

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

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

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

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

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2018 JUN 21 AM 9:43  
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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: MICHAEL K. FOLLINS  
Address: 2411 NW 2ND STREET  
OCALA, FL. 34475

**ARTICLE VII INCORPORATOR**

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

Name: MICHAEL K. FOLLINS  
Address: 2411 NW 2ND STREET  
OCALA, FL. 34475

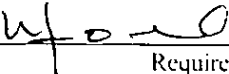
**ARTICLE VIII EFFECTIVE DATE:** 06/15/2018

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

 06/18/2018  
Required Signature/Registered Agent 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.*

 06/18/2018  
Required Signature/Incorporator Date