

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : SUPERBIZ.COM, INC.  
Account Number : 120070000160  
Phone : (800)494-3124  
Fax Number : (305)675-2811

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
PHOENIX HOUSE INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

MAY 21 2019

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## **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:

PHOENIX HOUSE INC.

### **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailing address is:

410 NE 25TH AVENUE  
CAPE CORAL, FLORIDA 33909

### **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

### **ARTICLE IV      SHARES**

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

### **ARTICLE V      INITIAL OFFICERS / DIRECTORS**

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT, SECRETARY, TREASURER  
CHRIS MAIKE  
4024 SW 7TH AVENUE  
FORT MYERS, FLORIDA 33907

2019 MAY 20 AM 11:30  
NOTARIAL  
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PAGE 2 PHOENIX HOUSE INC.

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

CHRIS MAIKE  
4024 SW 7TH AVENUE  
FORT MYERS, FLORIDA 33907

**ARTICLE VII INCORPORATOR**

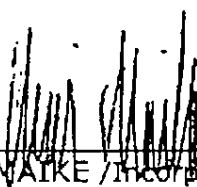
The name and street address of the incorporator is:

CHRIS MAIKE  
4024 SW 7TH AVENUE  
FORT MYERS, FLORIDA 33907

  
\_\_\_\_\_  
CHRIS MAIKE / Registered Agent

5/19/19  
\_\_\_\_\_  
Date

*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.*

  
\_\_\_\_\_  
CHRIS MAIKE / Incorporator

5/19/19  
\_\_\_\_\_  
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.*

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