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Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : I20170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

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
MISTY ENTERPRISES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2020 DEC -4 PM 12:40

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Corporate Filing Menu

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DEC 07/2020

COVER LETTER

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

SUBJECT: MISTY ENTERPRISES, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: ARLEEN SEMO
Name (Printed or typed)

1400 NORTH 59TH TERR
Address

HOLLYWOOD, FL 33021
City, State & Zip

754-423-0841
Daytime Telephone number

A9548422931@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)

20 DEC -4

ARTICLE I NAMEThe name of the corporation shall be: MISTY ENTERPRISES, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1400 NORTH 59TH TERR1400 NORTH 59TH TERRHOLLYWOOD, FL 33021HOLLYWOOD, FL 33021**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SEMO, ARLEEN -P

Name and Title: _____

Address 1400 NORTH 59TH TERR

Address: _____

HOLLYWOOD, FL 33021

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

12/04/2020 01:20 PM 004011000

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

20 DEC - 4

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: SEMO, ARLEEN
Address: 1400 NORTH 59TH TERR
HOLLYWOOD, FL 33021

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SEMO, ARLEEN
Address: 1400 NORTH 59TH TERR
HOLLYWOOD, FL 33021

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/30/2020 (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

Arleen Semo 12/03/2020
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.

Arleen Semo 12/03/2020
Required Signature/Incorporator Date