

P21000003198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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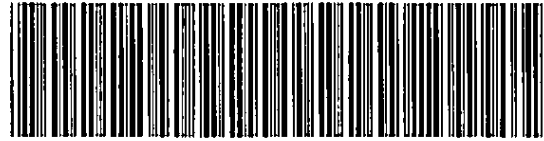
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: MICHAEL MUEHLING / 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: BEN A. COOPER
Name (Printed or typed)

P.O. Box 14577
Address

BRADENTON FL 34280
City, State & Zip

941-795-7048
Daytime Telephone number

benacooper@aol.com
E-mail address: (to be used for future annual report notification)

2021 JAN -5 PM 2:49
1111111111
TALLAHASSEE, FL 32314

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 MUEHLING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

202 LONG ROAD
ONA, FL 33865

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any + all LAWFUL ACTIVITIES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL MUEHLING

Name and Title: PRESIDENT

Address 202 LONG ROAD
ONA FL 33865

Address: _____

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: MICHAEL MUEHLING

Address: 202 LONG ROAD
ONAH FL 33865

ARTICLE VII INCORPORATOR

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

Name: BEN COOPER

Address: P O BOX 14577
BRADENTON FL 34280

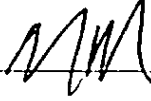
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01-01-2021 (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

X 
Required Signature/Registered Agent

X 12-16-2020
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.


Required Signature/Incorporator

Date 12-16-2020