## P230000 50405

(R	equestor's Name)	
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(C	ity/State/Zip/Phone #)	
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PICK-UP	☐ WAIT	MAIL
	usiness Entity Name)	<del></del>
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Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
		- 1

Office Use Only



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2023 JUL -6 PH | SECTEDARY of ...

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2023 JUL -6 FH 2: 23

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MIGHTY CRE INC		<del></del>
Please Debit FCA000	0000003 For: 70	
Thank you Seth Neel	ey	
Stal		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
1.		Officer Search
A		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by: SETH	07/05/2023	UCC 1 or 3 File
Name	Date Time	UCC 11 Search
		UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

## **COVER LETTER**

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

SUBJECT:M	GHTY	GRE	INC		
	(PROP	OSED CORPORA	TE NAME – !	MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (	l) copy of the art	icles of incor	poration and	a check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certifica	te of Status		ee ied Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED
	<b>0</b> 4. r.0	SUSS Nam	L		
FROM:	yıjı	Nam	(Printed on the		
フっ	<b>~~</b> ^ ^	14411	e (rinnen or i	ypea)	
<u>51</u>	11 NVER	ENDENCE	AVE	3L	
	•		Address		
	Thont	City	1041	63	
		City.	State & Zip		
	917 8	63 597	3		
	_	Daytime 1	elephone nur		
	VAVIO SU	SS CA & C	SHA, L. C	H	
	E-mail ac	idress: (to be use	d for future ar	unual 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)

RTICLE I NAME ne name of the corpora	tion shall be: MiGHT	CRE INC	
	CIPAL OFFICE Principal <u>street</u> address	Mailing a	ddress, if different is:
	MATEO DRIVE EAS	Γ	
CA PLATO	N SL 33433	. <u></u>	
RTICLE III PURP he purpose for which	<u>OSE</u> the corporation is organized is:	ADMINISTRATIVE	ACTIVITIES
	<u> </u>		
<del>.</del>			2023 J
			SAS U
RTICLE IV SHAL	RES of stock is:		ST. 6
			<u></u>
	IAL OFFICERS AND/OR DIRECTOR		. 0 <b>3</b>
Name and Tit	1509 SAN MATEO DAIL	Name and Title:	······································
	SOCA RATION PL 3		
\	7004		
		Alexand Tab	
	e:		
Address			
	e:		
Name and Title	e:		

Name and Title:_		Name and Title:	
Address	<del></del>	Address:	
ARTICLE VI REGIST The name and Florida st	<u>'ERED AGENT</u> reet address (P.O. Box NOT acceptable	) of the registered agent is:	
	YEH METTELES		
Address: 7509	SAN MATEO PRIVE	EAST	
BOCA	RATION PL 334	33	
, , , , , , , , , , , , , , , , , , ,		<del>_</del>	
ARTICLE VII INCOI			
The <u>name and address</u> of Name:			
Address: 750	1 TELES METELES DRIV	- E FAST	
Roca Boca	+ RATION FL 33	473	
V ~1	1 10000 10 22	<del>                                     </del>	
ARTICLE VIII EFFI	ECTIVE DATE: han the date of filing:	. (OPTIONAL)	)
	isted, the date must be specific and co		
	ed in this block does not meet the applic e date on the Department of State's reco		s, this date will not be listed as
Having been named as	registered agent to accept service of proc	ess for the above stated corporati	on at the place designated in thi
certificate, I am familia	r with and accept the appointment as reg	istered agent and agree to act in	
wast 16	Required Signature/Registered Agent	<del></del>	Date
I submit this document	and affirm that the facts stated herein	are true. I am aware that the f	false information submitted in t
<u>.</u> -	ment of State constitutes a third degree ) 	eiony as proviaea for in s.817.15	7/1/2
Required Signature Inc	W/-	D	ale (10/27)