

P 97 0000 2425

OFFICE USE ONLY (Document #)

Peter Barone
(Requestor's Name)
5403 NW 199 Terrace
(Address)
Miami FL 33055
(City, State, Zip) (Phone #)

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*****70.00 *****70.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. BillRite, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☒ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
XX	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED
97 JAN -6 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W96-22645
502



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

October 24, 1996

PETE BARONE
5403 NW 199 TERRACE
MIAMI, FL 33055

SUBJECT: BILLRITE, INC.
Ref. Number: W96000022645

*RE SENT
12-11-96*

We have received your document for BILLRITE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6904.

Freida Chesser
Corporate Specialist

Letter Number: 896A00049144

TRANSMITTAL LETTER

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

SUBJECT: Mikapee, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☒ \$70.00 ☐ \$78.75 ☐ \$122.50 ☐ \$131.25

FROM: Peter A. Barone, P.A.
Name (printed or typed)

5403 N.W. 199th Terrace
Address

Miami, Florida 33055
City, State & Zip

(305) 620-8246
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Mikapee, Inc.

Purpose of Company: Billing and Collections

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

175 N.E. 119th Street
Apt. 310
North Miami, Florida 33161

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares @ .10 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

The Law Offices of Peter A. Barone
5403 N.W. 199th Terrace
Miami, Florida 33055

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

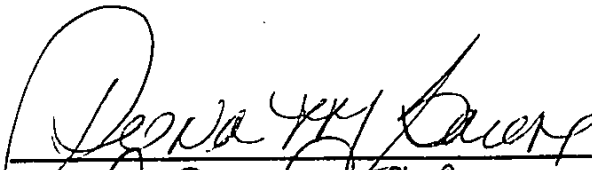
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

President - Peena M. Barone - 175 N.E. 119th Street - #110 - North Miami, Fla 33161

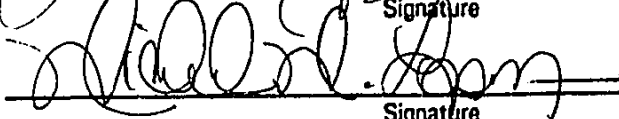
Secretary - Michele M. Lopez - 3665 S.W. 16th Court - Ft. Lauderdale, Fla. 33312

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

_____ 7th _____ day of October _____, 1996 .



Signature



Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: ~~State of Florida~~ Mikapee, Inc.

2. The name and address of the registered agent and office is:

The Law Office of Peter A. Barone

(Name)

5403 N.W. 199th Terrace


(P.O. Box not acceptable)

Miami, Florida 33055

(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)