P98000093383

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

SUBJECT:	Michael Bur (Proposed corpor	ate name - must include suf	ffix)	
Enclosed is an origin	al and one(1) copy of the articles			3 60 ! 1079018 *****70.01
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Michael Ru Name (Pr 142 St 1ST) A CAPE CORAL, FC City, S	Ave Address 23990 State & Zip	98 NOV -2 PM 4:28 SECKETARY OF STATE TALLAHASSEE, FLORIDA	-
941- 458-4534 Daytime Telephone number				

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

FILED

ARTICLES OF INCORPORATION

98 NOV -2 PM 4: 28

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

MICHAEL BURKE, INC.

ARTICLE II PRINCIPAL OFFICE

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

142 S.E. Ist. Avenue Cape Coral, Fl 33990

ARTICLE III SHARES

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

100 Shares, NPV

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Michael. J Ferry 142 SE lst Ave Cape Coral,, Fl

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Michael Burke 142 Se First Ave. Cape Coral, Fl 33990

Signature/Incorporator

Date 7

(An additional article must be added if an effective date is requested.)

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/Registered Agent

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