

# P24000053082

(Requestor's Name)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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ALLAHABAD, INDIA

MS



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext: x61563  
Date: 08/19/24  
Order #: 1598327-2  
Re: Mikakaso, Inc.  
Processing Method: Routine

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the 'Re: Mikakaso, Inc.' line.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$87.50 - FL State Account Number:

I20000000195

CC AND GS

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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FILING  
CLERK

## COVER LETTER

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

SUBJECT: Mikakaso, 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: Gergana Mircheva

Name (Printed or typed)

7901 4th St N #22717

Address

St. Petersburg, Florida 33702

City, State & Zip

Daytime Telephone number

mirchev.s@gmail.com; dimitar@novek.bg; dluкова@gmail.com; gergana@rakiashop.eu

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)

### ARTICLE I NAME

The name of the corporation shall be: Mikakaso, Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

7901 4th St N #22717

St. Petersburg, Florida 33702

Mailing address, if different is:

7901 4th St N #22717

St. Petersburg, Florida 33702

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in the business of ownership of real estate; to acquire, own, hold, and operate real estate and real estate enterprises; to invest funds in and to raise funds to be invested in such business; and any other lawful purpose available to a corporation under Florida law

### ARTICLE IV SHARES

The number of shares of stock is: 100,000 Voting; 100,000 Non-Voting

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

2024 AUG 19 PM 9:47

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: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gergana Mircheva

Address: UI Maestro Kanev 23 Apt 16

Sofia, Bulgaria 1618

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

\_\_\_\_\_  
*Shauna Godbolt*

\_\_\_\_\_  
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

*8/19/2024*