## 28062000045

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

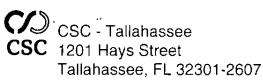




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2024 AUG 19 PH 3: 46





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

## 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:

Delena.

I2000000195 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.

## **COVER LETTER**

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

SUBJECT: Mikaki	aso, Inc.		
	(PROPOSED CORPORA	TE NAME - MUST INCL	<u>ude suffix</u> )
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	& Cartificate of
		ADDITIONAL CO	Status  PY REQUIRED
	ergana Mircheva		
I KOWI	Nam	e (Printed or typed)	<del></del>
79	01 4th St N #22717		
		Address	<del></del>
St	. Petersburg, Florida 33702		
	City	. State & Zip	
	Daytime	Telephone number	
mil	chev.s@gmail.com; dimitar@nov		
	E-mail address: (to be use	d for future annual report i	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)

The name of the corporation shall be: Mikakaso, Inc.			
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		
St. Petersourg, Florida 33702	St. Petersburg, Fit	JIII0a 53702	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:			
o engage in the business of ownership of real estate; to ac	quire, own, hold, and opera	te real estate and real	
estate enterprises; to invest funds in and to raise funds to b	e invested in such business	; and any other	
awful purpose available to a corporation under Florida law			
		252	
		2:214 RUS	
RTICLE IV SHARES 100 000 Voting: 100 000 Non-	\/_\	310	
he number of shares of stock is: 100,000 Voting; 100,000 Non-	voting ——		
DTICLE V INITIAL OFFICERS AND/OR DIRECTORS		19 11 9: KT	
RTICLE V INITIAL OFFICERS AND/OR DIRECTORS	1 777.1	· <u></u>	
Name and Title:	Name and Title:		
Address	Address:		
		<u> </u>	
Name and Title:	Name and Title:		
Address	Address:		
	_		
Name and Title:	Name and Title:		
Address			
Addition	_		
<del></del>			
	_		

Name an	d Title:	Name and Title:			
Address	<u>.                                    </u>	Address:			
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered agent is:			
Name:	Corporation Service Company	of the registered agent is.			
Address:	1201 Hays Street				
	Tallahassee, FL 32301	_			
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>				
The name and a	ddress of the Incorporator is:			F-3	
Name:	Gergana Mircheva			SON Lot	
Address:	UI Maestro Kanev 23 Apt 16	<del></del>	•	6.1 S.N	* ,
	Sofia, Bulgaria 1618	_	,	 	
OTICLEUM	EEEECTIVE DATE		jus.	5	•
Effective date, if	EFFECTIVE DATE: Tother than the date of filing:  date is listed, the date must be specific and cannot be specifically and be specifica	(OPTIONAL) not be more than five days prior		after the	
Note: If the date the document's e	e inserted in this block does not meet the applicable ffective date on the Department of State's records	le statutory filing requirements, th s.	is date will :	not be list	ed as
Having been nar certificate, I am	ned as registered agent to accept service of process familiar with and accept the appointment as regist	for the above stated corporation at ered agent and agree to act in this	the place d cupacity	esignated	in this
	Shauna Godbolt-		D	ate	<del></del>
I submit this do	cument and affirm that the facts stated herein ar	e true. I am aware that the false	information	ı submitte	d in a
document to the	Department of State constitutes a third degree felo	ny as provided for in s.817.155, F.	S.		
			8/19	9/20	<u>Z</u> //
Required Signatu	ure/Incorporator	Date			-7