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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : BARINAS & ASSOCIATES INC.  
Account Number : I20000000082  
Phone : (305) 871-0889  
Fax Number : (305) 870-9623

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

FLORIDA PROFIT/NON PROFIT CORPORATION  
MAPE IMPRESSIONS SERVICES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 APR 29 AM 10:27

FILED

DIVISION OF CORPORATIONS

13 APR 29 PM 4:14

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**COVER LETTER**

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

**SUBJECT: MAPE IMPRESSIONS SERVICES, 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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

**FROM: YANELLE M BARINAS**  
Name (Printed or typed)

**5701 NW 36 ST**  
Address

**MIAMI, FL 33166**  
City, State & Zip

**3058710889**  
Daytime Telephone number

**BARINASB@GMAIL.COM**  
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** MAPE IMPRESSIONS SERVICES, INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address \_\_\_\_\_ Mailing address, if different is: \_\_\_\_\_  
3700 NW 62 AVE #104 \_\_\_\_\_  
VIRGINIA GARDENS, FL 33166 \_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: \_\_\_\_\_  
ANY AND ALL LAWFUL PURPOSES \_\_\_\_\_

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**ARTICLE IV SHARES** 1000  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>MAYRA H. CAPOTE, PTSD</u>	Name and Title:	<u>PEDRO A. RAVELO, VPD</u>
Address	<u>3700 NW 62 AVE</u>	Address:	<u>3700 NW 62 AVE</u>
	<u>#104</u>		<u>#104</u>
	<u>VIRGINIA GARDENS, FL 33166</u>		<u>VIRGINIA GARDENS, FL 33166</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

(cont.)

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: MAYRA H. CAPOTE  
 Address: 3700 NW 62 AVE #104  
VIRGINIA GARDENS, FL 33166

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: YANELLE M BARINAS  
 Address: 5701 NW 36 ST  
MIAMI, FL 33166

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 TALLAHASSEE, FLORIDA

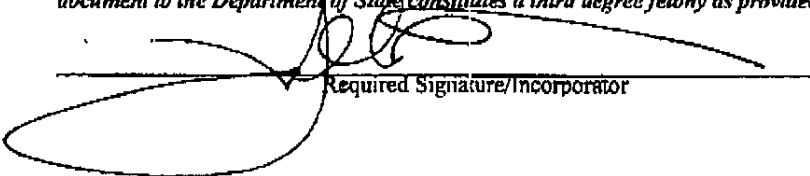
FILED

*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*

  
 Required Signature/Registered Agent

04/27/2013  
 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

04/27/2013  
 Date