

P/40000/6323

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000042202 3)))



H140000422023ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TALLAHASSEE, FLORIDA
14 FEB 20 PM 1:21

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****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 MAYPE CONSTRUCTION CORP

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

TALLAHASSEE, FLORIDA
14 FEB 20 PM 4:36
RECEIVED

π 02/21/14

H14000042202

MAYPE CONSTRUCTION CORP.

ATX:

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: MAYPE CONSTRUCTION CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1441 SW 139 AVE

MIAMI, FL 33184

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REMODELING, SALES LANDS

ARTICLE IV SHARES

The number of shares of stock is: ONE HUNDRED STOCKS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PEDRO DOGER Name and Title: PRESIDENT

Address: 1441 SW 139 AVE Address:

MIAMI, FL, 33184

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

14 FEB 20 PM 1:21
MAYPE CONSTRUCTION CORP
MIAMI ASSOCIATES, FLORIDA

H14000042202

MAYPE CONSTRUCTION CORP.

H14000042202

(cont.) ATX1

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: PEDRO DOGER

Address: 1441 SW 139 AVE
MIAMI, FL, 33184

14 FEB 20 PM 1:21
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PEDRO DOGER

Address: 1441 SW 139 AVE
MIAMI FL 33184

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	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

H14000042202