

P14000062891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

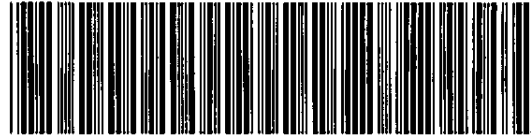
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300262410073

07/24/14--01009--011 **78.75

FILED
14 JUL 24 AM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

14 JUL 24 AM 4:42
SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

FILED

SUBJECT: MIS NINAS CORPORATION
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00 Filing Fee	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			

FROM: CECILIA DOMINGUEZ-COHN
Name (Printed or typed)

6791 NW 34 ST.
Address

MARGATE, FL. 33063
City, State & Zip

954.579.8150
Daytime Telephone number

CECILIA COHN @ COMCAST. NET
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: MIS NINAS CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6791 NW 34 ST.
MARGATE, FL.
33063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RENTAL PROPERTIES

ARTICLE IV SHARES

The number of shares of stock is: 60

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cecilia Cohn (MANAGING officer)
Address: 6791 NW 34 St.
Margate, FL 33063

Name and Title: EUGENIA Cardenas (officer)
Address: 7119 Pinecreek Ln.
Coconut Creek 33073

Name and Title: Patricia Herrera (officer)
Address: 5182 NW 50th Terr
Coconut Creek, FL 33073

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

FILED
14 JUL 24 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(conti.)

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: Cecilia Cohn
 Address: 6791 NW 34 St.
MARGATE, FL 33063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Adam Cohn
 Address: 6791 NW 34 St.
MARGATE, FL 33063

FILED
 14 JUL 24 AM 4:42
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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

7/22/14
 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

7/22/14
 Date