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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M.I.E.P.I., INC.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

NANCY MORA

Name of Person

Firm/Company

1196 VETERANS MEMORIAL HWY SW

Address

MABLETON GA 30126

City/State and Zip Code

rosadaron2016@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NANCY MORA

at (404) 337 0185

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

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

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. MIEPL INC M.I.E.P.I., INC.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like
import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained
in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

M.I.E.P.I., INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. TEXAS 3. 81-5286455
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/26/2017 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 8/8/2024
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 18573 SARASOTA RD FORT MYERS FL 33967
(Principal office street address)

1196 VETERANS MEMORIAL HWY SW MABLETO GA 30126
(Current mailing address, if different)

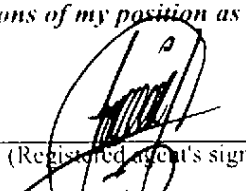
8. Religious organizations, Church/Temple building or buying.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Leonel Lazcano Gomez

Office Address: 18573 Sarasota Rd
Fort Myers, Florida 33967
(City) (Zip Code)

10. **Registered agent's acceptance:**
*Having been named as registered agent and to accept service of process for the above stated corporation at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligations of my position as registered agent.*


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to
the Department of State, by the Secretary of State or other official having custody of corporate records in the
jurisdiction under the law of which it is incorporated.

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DIVISION OF CORPORATIONS
24 AUG 12 PM 12:08

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman	Name: <u>Efren Casasola Torres</u>	☐ Chairman	Name: <u>Fernando Gomez</u>
☐ Vice Chairman	Address: <u>472 S Liberty St</u>	☐ Vice Chairman	Address: <u>228 Robert Dr</u>
☒ Director	<u>Elgin IL 60120</u>	☐ Director	<u>Elgin IL 60123</u>
☒ President	_____	☐ President	_____
☐ Vice President	_____	☐ Vice President	_____
☐ Secretary	☐ Treasurer	☐ Secretary	☒ Treasurer
☐ Other: _____	☐ Other: _____	☐ Other: _____	☐ Other: _____

☐ Chairman	Name: <u>Leonel Lazzano Gomez</u>	☐ Chairman	Name: _____
☐ Vice Chairman	Address: <u>18573 Sarasota Rd</u>	☐ Vice Chairman	Address: _____
☐ Director	<u>Fort Myers FL 33967</u>	☐ Director	_____
☐ President	_____	☐ President	_____
☒ Vice President	_____	☐ Vice President	_____
☐ Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer
☐ Other: _____	☐ Other: _____	☐ Other: _____	☐ Other: _____

☐ Chairman	Name: <u>GABRIEL CASASOLA</u>	☐ Chairman	Name: _____
☐ Vice Chairman	Address: <u>1204 ARMSTRONG AVE</u>	☐ Vice Chairman	Address: _____
☐ Director	<u>KANSAS CITY KS 66102</u>	☐ Director	_____
☐ President	_____	☐ President	_____
☐ Vice President	_____	☐ Vice President	_____
☒ Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer
☐ Other: _____	☐ Other: _____	☐ Other: _____	☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Efren Casasola Torres / GABRIEL CASASOLA
(Typed or printed name and capacity of person signing application)

Leonel Lazzano Gomez / Fernando Gomez

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for M.I.E.P.I., INC. (file number 802633697), a Domestic Nonprofit Corporation, was filed in this office on January 25, 2017.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: January 26, 2017

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 07, 2024.



A handwritten signature in black ink, reading "Jane Nelson".

Jane Nelson
Secretary of State