

POS000006660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

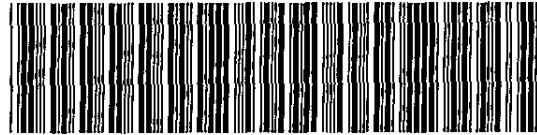
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400044389394

01/12/05--01001--022 **78,75

FILED
05 JAN 12 PM 12:47
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

RECEIVED
05 JAN 12 AM 11:26
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1/13/05
SQT

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. MIMI Billing & Collection, Corp.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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:

MIMI BILLING & COLLECTION, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

666 WEST 81 STREET APT 221., HIALEAH, FL 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BILLING AND COLLECTION SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES TO \$1.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

NAVIUSKA CHIRINO, AS PRESIDENT
666 WEST 81 ST APT 221
HIALEAH, FL 33014

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

NAVIUSKA CHIRINO
666 WEST 81 ST APT 221
HIALEAH, FL 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NAVIUSKA CHIRINO
666 WEST 81 ST APT 221
HIALEAH, FL 33014

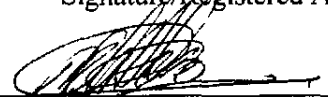
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

01/11/2005

Date



Signature/Incorporator

01/11/2005

Date

FILED
05 JAN 12 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA