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# **COVER LETTER**

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

SUBJECT:	MAINEGRA SERVICES, INC.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	ÜDE SÜFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED	
FROM:	ERNESTO MAINEGRA  Name (Printed or typed)			
-		BLE DRIVE	<del> </del>	
	KISSIMMEE, FL 34744 City, State & Zip			
	Daytime T	elephone number		

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:

MAINEGRA SERVICES, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2441 SABLE DR, KISSIMMEE, FL 34744

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

**DELIVERY SERVICES** 

### ARTICLE IV SHARES

The number of shares of stock is:

100

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

**ERNESTO MAINEGRA- PRESIDENT** 2441 SABLE DR, KISSIMMEE, FL 34744

### ARTICLE VI REGISTERED AGENT

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

**ERNESTO MAINEGRA** 2441 SABLE DR, KISSIMMEE, FL 34744

### INCORPORATOR ARTICLE VII

The <u>name and address</u> of the Incorporator is:

**ERNESTO MAINEGRA** 

2441 SABLE DR, KISSIMMEE, FL 34744

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

Signature/Incorporator