

P07000 125526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

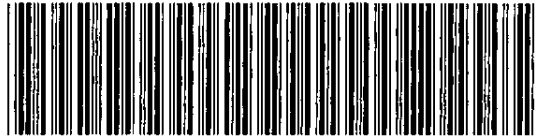
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: maisa liquidation usa inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: isabel m arce

Name (Printed or typed)

15005 ne 6 av #206

Address

north miami fla 33161

City, State & Zip

7862747472

Daytime Telephone 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:

Maisa Liquidation Usa inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
15005 ne 6 av #206 north miami fla 33161

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

1.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

isabel m arce /15005 ne 6 av #206 north
miami fla 33161/president

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2007 NOV 20 P 2: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Isabel m arce /15005 ne 6 av #206 north miami fla 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

mario r arce 15005 ne 6 av apt 206 north miami fl 33161

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

Isabel M Arce
Signature/Registered Agent

11-10-07
Date

M-A-
Signature/Incorporator

10-10-07
Date

2007 NOV 20 P 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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