

08000037161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

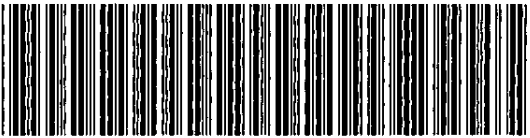
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/17/08--01030--011 \*\*87.50

FILED  
08 MAR 17 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1008-14225  
3/18/08



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 18, 2008

MAYULI GARCIA  
18045 SW 150 CT  
MIAMI, FL 33187

SUBJECT: MAYULI GARCIA AC  
Ref. Number: W08000014225

We have received your document for MAYULI GARCIA AC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The registered agent must have a Florida street address. A post office box is not acceptable.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II  
New Filing Section

Letter Number: 808A00016298

**COVER LETTER**

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

SUBJECT: Hotel Garcia AC  
(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

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

FROM: MAYOLI GARCIA  
Name (Printed or typed)

78045 SW 150 CT  
Address

MIAMI FL - 33187  
City, State & Zip

786-259-2936  
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)

**FILED**  
08 MAR 17 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:  
MAYULI GARCIA AC-INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:  
18045 SW 150 CT MIAMI - FL 33187

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
MECHANICAL CONTRACTOR

**ARTICLE IV SHARES**

The number of shares of stock is:  
500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
Mayuli Garcia P 18045 SW 150 Ct Miami - FL 33187 -  
Aniceto Garcia VP


**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
MAYULI GARCIA  
18045 S.W 150 CT MIAMI, FL 33187

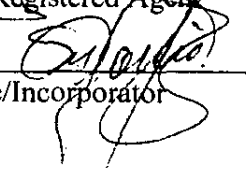
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
MAYULI GARCIA  
18045 S.W 150 CT MIAMI, FL 33187

\*\*\*\*\*  
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

2-11-08  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

2-11-08  
\_\_\_\_\_  
Date