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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: MIA IME	EX CORPORATION		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles 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: ST	EPHEN CALLAGHAN Nam	e (Printed or typed)	
105	00 NW 37TH TERRACE		
		Address	
DOI	RAL, FLORIDA, 33178		
	City,	State & Zip	,
305	=599-7301	Selephone number	
STE	Daytine i	·	

NOTE: Please provide the original and one copy of the articles.

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

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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:

MIA IMEX CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

10500 NW 374h Terr. Daral, Fl. 33/78

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
THE TRADING OF GOODS AND SERVICES FOR EXPORT

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DANIEL

10500 NW 37TH PRESIDENT

RANGEL

TERRACE,

DORAL, FL 33178

ARTICLE VI REGISTERED AGENT

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

STEPHEN CALLAGHAN

10500 NW 37TH TERRACE

DORAL, FL. 33178

ARTICLE VII INCORPORATOR

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

STEPHEN CALLAGHAN

10500 NW 37TH TERRACE

DORAL, FL. 33178

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

Date

Date

RILLAHASSEE. FLORIOR