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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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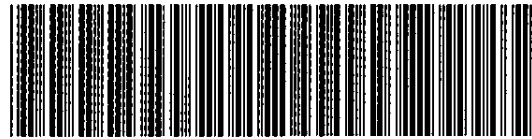
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 NOV - 1 AM 8:59

APPROVED
AND
FILED

1/1

COVER LETTER

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

SUBJECT: MTA OF OVIEDO FINANCIAL SERVICES, 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: MIRIAM TORRES ACEVEDO

Name (Printed or typed)

1693 WEST BROADWAY STREET SUITE 3000

Address

OVIEDO FLORIDA 32765

City, State & Zip

407-977-9230

Daytime Telephone number

MIRETORRES@AOL.COM

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

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:

MTA OF OVIEDO FINANCIAL SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
2572 WEST STATE ROAD 426
SUITE 1072
OVIEDO, FLORIDA 32765

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For transacting any and all lawful business for which a Corporation may be formed under Florida general Corporation law.

ARTICLE IV SHARES

The number of shares of stock is 200 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Miriam Torres Acevedo, President
Address: 2572 West State Road 426
Suite 1072
Oviedo, Florida 32765

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ARTICLE VI REGISTERED AGENT

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

Name: Oviedo Financial Services Inc
Address: 1693 W. Broadway Street Suite 3000
Oviedo, Florida 32765

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Oviedo Financial Services Inc
Address: 1693 W Broadway Street Suite 3000
Oviedo, Florida 32765

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

Miriam Torres Acevedo
Required Signature/Registered Agent

10-29-10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Miriam Torres Acevedo
Required Signature/Incorporator

10-29-10
Date