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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 NOV -2 AM 8:52

APPROVED
AND
FILED

1/11

COVER LETTER

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

SUBJECT: Miriam Tutoring and 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

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

FROM: Miriam Lorenzo

Name (Printed or typed)

7400 West 20th Ave #122

Address

Hialeah, FL 33016

City, State & Zip

786-299-3652

Daytime Telephone number

miriamlorenzo1@gmail.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: MIRIAM TUTORING AND SERVICES, INC

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
7400 West 20th Ave #122
Hialeah, FL 33016

Mailing address **SECRETARY OF STATE**
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Tutoring and Service

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>President</u>	Name and Title: _____
Address: <u>Miriam Lorenzo</u>	Address: _____
<u>7400 W 20 Ave #122</u>	_____
<u>Hialeah FL 33016</u>	_____

Name and Title: <u>Daryl Lorenzo</u>	Name and Title: _____
Address: <u>Vice-President</u>	Address: _____
<u>7400 W 20 Ave #122</u>	_____
<u>Hialeah FL 33016</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Miriam Lorenzo
Address: 7400 West 20 Ave #122
Hialeah, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Miriam Lorenzo
Address: 7400 West 20th Ave #122
Hialeah, FL 33016

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 Lorenzo
Required Signature/Registered Agent

10/27/10
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 Lorenzo
Required Signature/Incorporator

10/27/10
Date