

P11000004764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

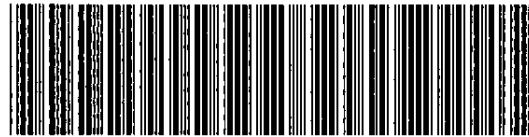
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/13/11--01022--004 **70.00

FILED

2011 JAN 13 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B Mcknight JAN 14 2011

COVER LETTER

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

SUBJECT: MIRANDA Floors 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: TOMAS MIRANDA
Name (Printed or typed)

1251 AUTUMN DR
Address

TAMPA FL 33613
City, State & Zip

913 516-8035
Daytime Telephone number

TOMY.MIRANDA@YAHOO.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: MIRANDA FIDOTS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1251 Autumn Dr
TAMPA FL 33613

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

flooring installation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TOMAS MIRANDA JER

Address: 1251 Autumn Dr TAMPA
FL 33613

Name and Title: _____

Address: _____

Name and Title: KARENIA SANTANA CH

Address: VIP.

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: TOMAS MIRANDA

Address: 1251 Autumn Dr Tampa
FL 33613

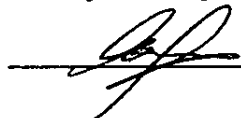
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TOMAS MIRANDA

Address: 1251 Autumn Dr Tampa
FL 33613

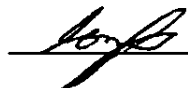
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

1/4/11
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.



Required Signature/Incorporator

1/4/11
Date

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2011 JAN 13 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA