

P1100083010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200212227142

09/20/11--01011--011 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 SEP 20 PM 1:51

PS 9/21/11

COVER LETTER

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

SUBJECT: Mavex Leasing, 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: Aleksandra Krasinski

Name (Printed or typed)

1275 Barclay Blvd.

Address

Buffalo Grove, IL 60089

City, State & Zip

847-495-3076

Daytime Telephone number

Aleksandra.Krasinski@STA-IS.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 SEP 20 PM 1:52

ARTICLE I NAME

The name of the corporation shall be: Mavex Leasing, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
7296 NW 44th Street
Miami, FL 33166

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To act as a equipment leasing company.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Miguel A. Valdes/Director</u>	Name and Title: _____
Address: <u>7296 NW 44th Street</u>	Address: _____
<u>Miami, FL 33166</u>	_____

Name and Title: <u>Mauricio Miranda/Director</u>	Name and Title: _____
Address: <u>7296 NW 44th Street</u>	Address: _____
<u>Miami, FL 33166</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: Miguel A. Valdes
Address: 7500 SW 32 St
Miami, FL 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Miguel A. Valdes
Address: 7500 SW 32 St
Miami, FL 33155

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

Miguel A. Valdes
Required Signature/Registered Agent

9.9.11
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.

Miguel A. Valdes
Required Signature/Incorporator

9.9.11
Date