

P11000083063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

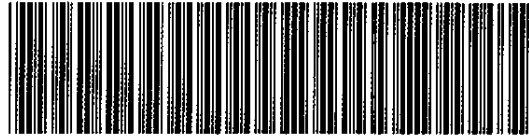
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Certified Copies _____

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11 SEP 20 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MR
9/21

COVER LETTER

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

SUBJECT: Mavex Management Co.
(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)

ARTICLE I NAME

Mavex Management Co.

The name of the corporation shall be:

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 management company.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Miguel A. Valdes/Director

Address: 7296 NW 44th Street

Miami, FL 33166

Name and Title:

Address:

Name and Title: Mauricio Miranda/Director

Address: 7296 NW 44th Street

Miami, FL 33166

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: 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

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TALLAHASSEE, FLORIDA