

P 12000002708

(Requestor's Name)

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(City/State/Zip/Phone #)

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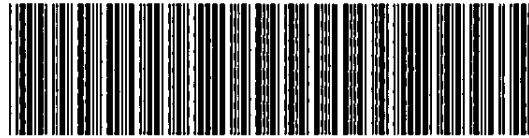
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JAN -9 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/10/12

COVER LETTER

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

SUBJECT: TAX OFFICES OF MAYLIN LIMA, 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: MAYLIN LIMA
Name (Printed or typed)

6625 MIAMI LAKES DRIVE SUITE 247
Address

MIAMI, FL 33014
City, State & Zip

305-545-8866
Daytime Telephone number

MAYLINLIMA41@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

TAX OFFICES OF MAYLIN LIMA, INC.

The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE

Principal street address
6625 MIAMI LAKES DRIVE
SUITE 247
MIAMI LAKES, FL 33014

Mailing address, if different is: OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Preparation of tax returns

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>MAYLIN LIMA, PRES</u>	Name and Title: _____
Address: <u>6625 MIAMI LAKES DRIVE</u>	Address: _____
<u>SUITE 247</u>	_____
<u>MIAMI LAKES, FL 33014</u>	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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: MAYLIN LIMA, PRES
Address: 6625 MIAMI LAKES DRIVE #247
MIAMI LAKES, FL 33014

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: MAYLIN LIMA, PRES
Address: 6625 MIAMI LAKES DRIVE #247
MIAMI LAKES, FL 33014

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

1/6/12

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

1/6/12

Date