

P12000017551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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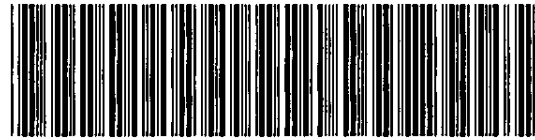
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/20/12--01019--004 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 20 PM 1:08

Ps 2/21/12

COVER LETTER

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

SUBJECT: Mexican American Gas Corp.
(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: Maurilio G. Nieto
Name (Printed or typed)

3562 SW San Benito Street
Address

Port Saint Lucie FL 34953
City, State & Zip

772-344-7263
Daytime Telephone number

markthatrillest@aim.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

ARTICLE I NAME

The name of the corporation shall be: **MEXICAN AMERICAN GAS CORP.**

12 FEB 20 PM 1:08

ARTICLE II PRINCIPAL OFFICE

Principal street address
15775 SW Warfield Blvd.
Indiantown, FL 34990

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Conduct any and all legal business

ARTICLE IV SHARES 1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Maurilio G. Nieto/ president**
Address: **3562 SW San Benito St**
Port Saint Lucie FL 34953

Name and Title: _____
Address: _____

Name and Title: **Maurilio G. Nieto/ Secretary**
Address: **3562 SW SAN Benito St**
Port Saint Lucie FL 34953

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: **Maurilio G. Nieto**
Address: **3562 SW San Benito St**
Port Saint Lucie FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Maurilio G. Nieto** 3562 SW Benito St.
Address: **Port Saint Lucie FL 34953**

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

X Maurilio Nieto
Required Signature/Registered Agent

2/12/12
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.

X Maurilio Nieto
Required Signature/Incorporator

2/12/12
Date