

P12000038616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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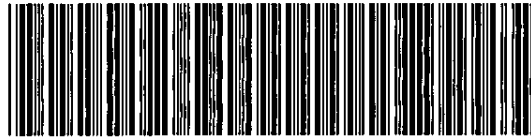
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 24 PM 3:53

4/25/12

COVER LETTER

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

SUBJECT: MARIO Calix Maintenance Service Corporation
(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: MARIO Calix
Name (Printed or typed)

14865 Mystic Lake Circle # 8106
Address

Naples, FL 34119
City, State & Zip

239-634-1755
Daytime Telephone number

mcalix@ymail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: MARIO Calix Maintenance Service Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

14865 Mystic Lake Circle
Apt. 8106
Naples, FL 34119

Mailing address, if different is:

P.O. Box 110386
Naples, FL 34108

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Maintenance Services.

ARTICLE IV SHARES

The number of shares of stock is: 900

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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: CARMEN O. CHIRINOS
Address: 14960 Schooner Bay Ln. #21107
Naples, FL 34119

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIO Calix
Address: 14865 Mystic Lake Circle #8106
Naples, FL 34119

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

Carmen O. Chirinos

Required Signature/Registered Agent

4-20-12

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.

Mario Calix

Required Signature/Incorporator

4-20-12

Date

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