

P/2000049936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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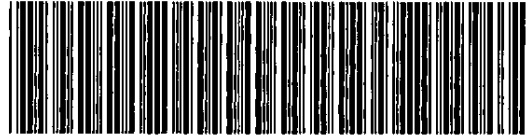
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
12 MAY 29 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 05/31/12

COVER LETTER

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

SUBJECT: **MORAMAX ENTERPRISES, 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: **Jessica C. Eiriz**

Name (Printed or typed)

669 SW 169 Way

Address

Pembroke Pines, Fl. 33027

City, State & Zip

305-336-1398

Daytime Telephone number

LiLJessicaE@aol.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

The name of the corporation shall be: **MORAMAX ENTERPRISES, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
669 SW 168 WAY
Pembroke Pines, FL 33027

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

"Any legal business"

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mercedes C. Eiriz, Pres.
Address: 669 SW 168 Way
Pembroke Pines, FL 33027

Name and Title: _____
Address: _____

Name and Title: Jessica C. Eiriz, Sec./Treas.
Address: 669 SW 168 Way
Pembroke Pines, FL 33027

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: Jessica C. Eiriz
Address: 669 SW 168 Way
Pembroke Pines, FL 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jessica C. Eiriz
Address: 669 SW 168 Way
Pembroke Pines, FL 33027

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

05/17/2012

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

05/17/2012

Date

FILED
12 MAY 29 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA