

P1200006251

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850) 617-6381

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From:  
Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

PLEASE GIVE ORIGINAL SUBMISSION  
DATE AS FILE DATE

7/26/12

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
MIAMINODE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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12 JUL 26 AM 10:52  
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Corporate Filing Menu

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(FAX)

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DIVISION OF CORPORATIONS

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July 27, 2012

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORPDIRECT AGENTS, INC.

SUBJECT: MIAMINODE, INC.  
REF: W12000039655

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7/26/12

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Tim Burch  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H12000191440  
Letter Number: 212A00019753

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** MiamiNode, Inc.  
The name of the corporation shall be:**ARTICLE II PRINCIPAL OFFICE**Principal street address  
6500 SW 94th Street  
Pincrest, FL 33156

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Transacting any and all lawful business for which corporations may be formed under the Florida Business Corporation Act, and all amendments and supplements thereto, or any law enacted to take the place thereof.

**ARTICLE IV SHARES**

The number of shares of stock is: One thousand shares of common stock

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Andrea Cloni, President  
Address: 6500 SW 94th Street  
Pincrest, FL 33156Name and Title:  
Address:Name and Title:  
Address: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: Andrea Cloni  
Address: 6500 SW 94th Street  
Pincrest, FL 33156**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Andrea Cloni  
Address: 6500 SW 94th Street  
Pincrest, FL 33156

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

\_\_\_\_\_  
Registered Agent07/16/2012  
DSS

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.817.153, F.S.

\_\_\_\_\_  
Incorporator07/16/2012  
DSS  
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