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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

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

**SUBJECT: MAYKEL FULL SERVICES 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: MAYKEL FULL SERVICES CORP**

Name (Printed or typed)

**3922 NW 176 TER**

Address

**MIAMI GARDENS, FL 33055**

City, State & Zip

**305-302-3104**

Daytime Telephone number

**maykelsuarez@hotmail.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:

MAYKEL FULL SERVICES CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3922 NW 176 TER

MIAMI GARDENS, FL 33055

Mailing address, if different:

SAME

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

NEW BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

10

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MAYKEL SUAREZ, PRES

Address: 3922 NW 176 TER  
MIAMI GARDENS  
FL 33055

Name and Title: LISET ALVAREZ, VPRES

Address: 3922 NW 176 TER  
MIAMI GARDENS  
FL 33055

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: NANCY SOCARRAS

Address: 3922 NW 176 TER

MIAMI GARDENS, FL 33055

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Name: MAYKEL SUAREZ

Address: 3922 NW 176 TER

MIAMI GARDENS, FL 33055

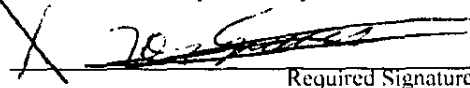
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

2-13-2013

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   
Required Signature/Incorporator

2-13-2013

Date