

PI3000016682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

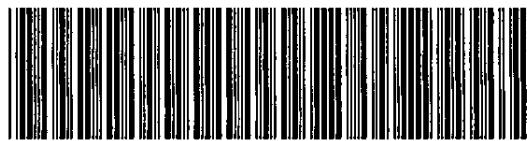
(Business Entity Name)

(Document Number)

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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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of & Certificate of
 Status 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

Mailing address, if different:

SAME

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SECRETARY STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: NEW BUSINESS

ARTICLE IV SHARES 10

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | | | |
|-----------------|----------------------------|-----------------|-----------------------------|
| Name and Title: | <u>MAYKEL SUAREZ, PRES</u> | Name and Title: | <u>LISET ALVAREZ, VPRES</u> |
| Address: | <u>3922 NW 176 TER</u> | Address: | <u>3922 NW 176 TER</u> |
| | <u>MIAMI GARDENS</u> | | <u>MIAMI GARDENS</u> |
| | <u>FL 33055</u> | | <u>FL 33055</u> |

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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(cont.)

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

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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.

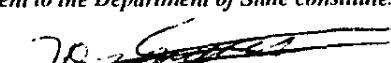


Required Signature/Registered Agent

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.



Required Signature/Incorporator

2-13-2013

Date