

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION MIAMI HOME SOLUTIONS, INC.

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June 12, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CLARA GIRALDO PA

SUBJECT: MIAMI HOME SOLUTIONS, INC

REF: W13000034095

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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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Justin M Shivers Regulatory Specialist II New Filing Section

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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ARTICLES OF INCORPORATION

OF

MIA HOME SOLUTIONS, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

MIA HOME SOLUTIONS, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

 To have perpetual succession by it's corporate

Name:

MIA HOME SOLUTIONS, INC.

CLARA GIRALDO P.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300 H130001316383.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

AMOS MONTANEZ 1000 WEST AVE #1219 MIAMI BEACH, FL 33139

The principal office shall be:

1000 WEST AVE #1219 MIAMI BEACH, FL 33139 #130001316383.

The initial Board of Directors shall consist of a total of **ONE** (01) person, and the name and address of the person who is to serve as initial director is:

AMOS MONTANEZ 1000 WEST AVE #1219 MIAMI BEACH, FL 33139 **PRESIDENT**

The name and address of the incorporator executing these Articles of Incorporation is

AMOS MONTANEZ 1000 WEST AVE #1219 MIAMI BEACH, FL 33139

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this June 7, 2013

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CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

HOME SOLUTIONS, INC. MIA

2. The Name and Address of the registered agent and office is

AMOS MONTANEZ 1000 WEST'AVE #1219

MIAMI BEACH, FL 33139

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.