(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	i

Office Use Only



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## **COVER LETTER**

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

SUBJECT: MAI	RRO SERVICES	CORP.	
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d 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 CO	PPY REQUIRED
FROM: R	OXANA M. MON		
6'	259 SW 72 ST #	e (Printed or typed)	
<u>0,</u>		Address	
S	OUTH MIAMI 33	3143 State & Zip	
78	36 344 4377	, oute to zip	

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

ROXY MONTOYA@YAHOO.COM

E-mail address: (to be used for future annual report notification)

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

name of the corpora				
Principal street address		Mailin	Mailing address, if different is:	
259 SW 72 ST #H10		SAME	-	
AIM HTUC	MI FLORIDA		-	
3143				
TICLE III DIN	PROCE			
purpose for which	RPOSE the corporation is organized is: ALL LE	GAL AND TR	ADES BUSSINES	
-				
			<u> </u>	
		-	<u> </u>	
TICLE IV SH	ARES 100 AT \$1.00			
TICLE IV SH.	ARES 100 AT \$1.00			
TICLE V INI	ITIAL OFFICERS AND/OR DIRECTOR		KETJÉRY ŐF STAP IN OF BURRORAT	
TICLE V INI	ITIAL OFFICERS AND/OR DIRECTOR		ORATE 112: 42	
TICLE V INI  Name and Titl			ORATE 112: 42	
TICLE V INI	TIAL OFFICERS AND/OR DIRECTOR le: ROXANA MONTOYA/PRES	Name and Title:	ORATE 112: 42	
TICLE V INI	TIAL OFFICERS AND/OR DIRECTOR ROXANA MONTOYA/PRES 6259 SW 72 ST #H10	Name and Title:	ORATE 112: 42	
Name and Titl Address	ROXANA MONTOYA/PRES. 6259 SW 72 ST #H10 SOUTH MIAMI FLORIDA 33143	Name and Title: Address:	ORATIONS	
Name and Title Address  Name and Title	ROXANA MONTOYA/PRES. 6259 SW 72 ST #H10 SOUTH MIAMI FLORIDA 33143	Name and Title: Address:  Name and Title:	ORATIONS	
Name and Titl Address	ROXANA MONTOYA/PRES. 6259 SW 72 ST #H10 SOUTH MIAMI FLORIDA 33143	Name and Title: Address:  Name and Title:	ORATIONS	
Name and Title Address  Name and Title	ROXANA MONTOYA/PRES. 6259 SW 72 ST #H10 SOUTH MIAMI FLORIDA 33143	Name and Title: Address:  Name and Title: Address:	ORATIONS	
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Name and Title Address  Name and Title Address	ROXANA MONTOYA/PRES  6259 SW 72 ST #H10  SOUTH MIAMI FLORIDA 33143	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	ORATIONS	

Name and	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and Flan Name: Address:	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) of ROXANA MONTOYA 6259 SW 72 ST #H10 S.MIAMI FLORIDA 33143	the registered agent is:	SECRETARY OF STA DIVISION OF STAPORA 13 SEP -6 PM 12:1
ARTICLE VII	INCORPORATOR		<b>5</b> . <b>§</b>
The <u>name and ad</u>	dress of the Incorporator is:		<b>U</b>
Name:	ROXANA MONTOYA		
Address:	6259 SW 72 ST #H10		
	S. MIAMI FLORIDA 33143		
	ned as registered agent to accept service of process im familiar with and accept the appointment as reg		
	(Montogy)		09/03/2013
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony		
	Phologin		09/03/2013
	Required Signature/Incorporator		Date