

PI3000095598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

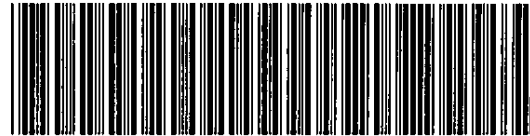
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500252688275

10/21/13--01010--019 **87.50

FILED
13 NOV 25 AM 7:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

10/22

98

W13-58632

COVER LETTER

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

SUBJECT: MZ Claims Inc.

(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: Maylin Zaragoza

Name (Printed or typed)

3189 SW 25 Terrace

Address

Miami, FL 33133

City, State & Zip

305-244-3066

Daytime Telephone number

Adjustermay@gmail.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2013

MAYLIN ZARAGOZA
3189 SW 25 TERR
MIAMI, FL 33133

SUBJECT: MZ CLAIMS INC.
Ref. Number: W13000058632

RECEIVED
13 NOV 25 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MZ CLAIMS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 913A00024646

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: MZ Claims Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3189 SW 25 Terrace

Miami, FL 33133

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Insurance Claims

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maylin Zaragoza

Name and Title: President

Address: 3189 SW 25 Terrace
Miami, FL 33133

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
13 NOV 25 AM 7:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(cont.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Maylin Zaragoza

Address: 3189 SW 25 Terrace

Miami, FL 33133

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maylin Zaragoza

Address: 3189 SW 25 Terrace

miami, FL 33133

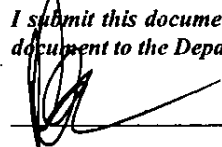
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10-14-13
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

10-14-13
Date

FILED
13 NOV 25 AM 7:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA