P130009104118

(Requestor's Name)				
(Address)				
· (Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only

691-W13000062847



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11/12/13--01027--016 **78.75

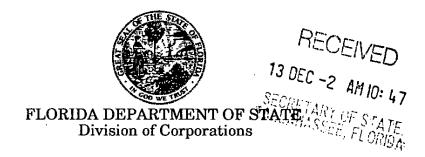
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12/3/13

COVER LETTER

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

SUBJECT. M	iani Eulocoide	ev caro			
SUBJECT: TY	PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM: Aturo Quintero Name (Printed or typed)					
<u>8</u> 5	B730 Fontainel	Address BLVd	#201		
7	lionij FL City,	33172 State & Zip			
	305 - 2 0 Daytime T	Celephone number	3		
	Daytime T Support @ Mi E-mail address: (to be use	MIEMbrojde d for future annual report i	Tycorp.com	181 173 141 173	
1	NOTE: Please provide the o		PH 3: 1	HARDARE EL SIAN	



November 13, 2013

ARTURO QUINTERO 8873 B FONTAINEBLEAU BLVD. #201 MIAMI, FL 33172

SUBJECT: MIAMI EMBROIDERY. CORP

Ref. Number: W13000062847

We have received your document for MIAMI EMBROIDERY. CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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 calc (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 213A00026284

SECHETARY OF STATE SECHETARY OF STATE JIVIST Y TO CORPORATIONS

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

	In compliance with Chapter 607 and	or Chapter 621, F.S. (Profit)	SECONDERFILEU
ARTICLE I N	AME		SECRETARY OF STATE DIVISION OF CORPORATIONS
The name of the corpo	pration shall be: MIAMI EMb	LOPPELLY COLD	10 DEC
ARTICLE II P	RINCIPAL OFFICE		13 DEC -2 PM 3: 54
	Principal street address	-	ss, if different is:
9476 Nu) 13 st bay 77	8873B For	STAINE BIVE BIVE
Doral F	FL 33172	#201	
			33172
ADMICU D VV	TOROGO	<u>Millial C</u>	J 51 1 2C
The purpose for which	h the corporation is organized is: <u>らん</u> を	07 Goods (d	(4)
	-		
			interior to a reconstruction to
W			
•			
ARTICLE IV SI	HARES		
The number of shares	of stock is:		
ADDICED IN TO		_	
	NITIAL OFFICERS AND/OR DIRECTOR		
Name and T	illo: Arturo Quintero Jouni	Name and Title:	
Address	8873B FONTAINELLEAU BI	Vadress:	
	#201		
	MIANI FL 33172		
Name and Tit	le:	Name and Title:	
			
Address		Address:	
		<u> </u>	
Name and Tit	le:	Name and Title:	
Address			
Address		Addiess.	
			

Name and Title:	Name and Title:
Address	Address:
4 P.W. C. D. W. D. C.	,
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) or	of the registered agent is:
Name: Arturo Quintero	
Address: 88738 Forthing bleau	BNU # 201
MIANI PL 33172	-
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Acturo Quintero Address: ARB Forthine bleach	u blue #201
MIAMI FL 33172	~
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as reg	gistered agent and agree to act in this capacity
April Out	11-21-13 Date
Required Signature/Registered Agent	2
I submit this document and affirm that the facts stated herein are document to the Department of State constituted a third degree felor	true. I am aware that the false information submitted in a sy sprovided for in s.817.155, F.S.
Required Signature/Incorporator	11-21-13 Date

SECRETARY OF STATE OR PORATIONS

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