

P/3000097724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

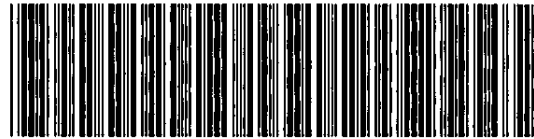
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 12/09/13

November 25, 2013

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

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TALLAHASSEE, FLORIDA

Re: P11000055067 MOC Services Corporation

To whom it may concern:

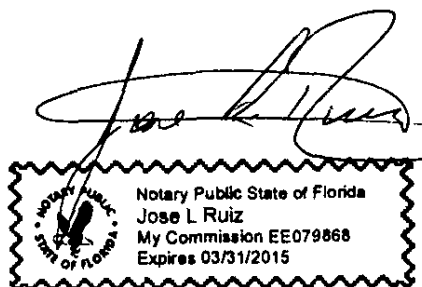
By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

*Lazaro M. Moc*

Lazaro M. Moc



## COVER LETTER

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

**SUBJECT: MOC SERVICES CORPORATION**

(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: MARIA E RUIZ**

Name (Printed or typed)

**7750 SW 117TH AVE SUITE 201D**

Address

**MIAMI FLORIDA 33183**

City, State & Zip

**305 595-2407**

Daytime Telephone number

**MARIAQUIROS9@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: MOC SERVICES CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

6125 W. 20 Ave Apt 111  
Hialeah FL 33012

Mailing address, if different is:

7750 SW 117TH AVE SUITE 201D  
MIAMI FLORIDA 33183

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES

**ARTICLE IV SHARES**

The number of shares of stock is: 100 @ \$1.00EA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: LAZARO M. MOC, PRES Name and Title: \_\_\_\_\_

Address: 6125 W. 20 Ave Apt 111 Address: \_\_\_\_\_

Hialeah, FL 33012

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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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: LAZARO M MOC  
Address: 6125 W. 20 Ave Apt. 111  
Hialeah, FL 33012

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LAZARO M MOC  
Address: 6125 W. 20 Ave Apt. 111  
Hialeah, FL 33012

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*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*

X Lazaro M MOC  
Required Signature/Registered Agent

11/25/2013

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.*

X Lazaro M MOC  
Required Signature/Incorporator

11/25/2013

Date