



COVER LETTER


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


SUBJECT: MARIA VELAZQUEZ, 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: MARIA VELAZQUEZ
Name (Printed or typed)

801 BRICKELL KEY BOULEVARD SUITE 2403
Address

MIAMI, FL 33131
City, State & Zip

786-838-6196
Daytime Telephone number

MARIAVIRGINI@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 17 PM 2:55

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 JAN 17 PM 2:55

ARTICLE I NAME

The name of the corporation shall be: **MARIA VELAZQUEZ, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

801 BRICKELL KEY BOULEAVRD
SUITE 2403
MIAMI, FL 33131

15 WILLIAM STREET
UNIT 18C
NEW YORK, NY 10005

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **OTHER / CONSULTING**

ARTICLE IV SHARES

The number of shares of stock is: **100 NO PAR VALUE**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	MARIA VELAZQUEZ / PRESIDEN	Name and Title:	
Address	801 BRICKELL KEY BOULEVARD	Address:	
	SUITE 2403		
	MIAMI, FL 33131		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

(cont.)

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name:

Address:


ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name:

Address:

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

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

Date

FILED
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