

P 140000032503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

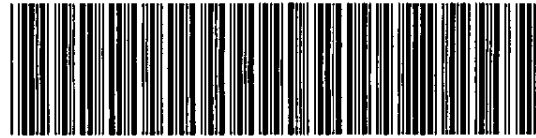
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

691 -

W14000009141

4/11/14

W12-61321
ADP. & Date

COVER LETTER

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

SUBJECT: Mia and Sofia's 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: Ivette Bernal-Pino

Name (Printed or typed)

714 West 53 Terrace

Address

Hialeah, FL 33012

City, State & Zip

(305)304-4003

Daytime Telephone number

MiaandSofiasCorp@aol.com

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2014

IVETTE BERNAL-PINO
714 WEST 53 TERRACE
HIALEAH, FL 33012

SUBJECT: MIA AND SOFIA'S CORPORATION
Ref. Number: W14000009141

RECEIVED
14 APR 10 AM 11:44
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MIA AND SOFIA'S CORPORATION and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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 call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 814A00003155

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2012

IVETTE BERNAL-PINO
P.O. BOX 22674
HIALEAH, FL 33002

SUBJECT: MIA AND SOFIA'S BOUTIQUE
Ref. Number: W12000061321

We have received your document for MIA AND SOFIA'S BOUTIQUE and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please list the complete principal office address.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 712A00029263

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

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:

Mia and Sofia's Corporation

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address

714 West 53 Terrace

Hialeah, FL 33012

Mailing address, if different is:

14 APR 10 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide nutritional and wellness services.

ARTICLE IV SHARES

The number of shares of stock is:

100 ¹⁰⁰

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Ivette Bernal-Pino, Owner**

Name and Title: _____

Address

714 West 53 Terrace

Address: _____

Hialeah, FL

33012

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

(conti.)

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: Ivette Bernal-Pino

Address: 714 West 53 Terrace

Hialeah, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ivette Bernal-Pino

Address: 714 West 53 Terrace

Hialeah, FL 33012

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

Ivette Bernal-Pino
Required Signature/Registered Agent

1/30/2014

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.

Ivette Bernal-Pino
Required Signature/Incorporator

1/30/2014

Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA