

P14 00054 637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

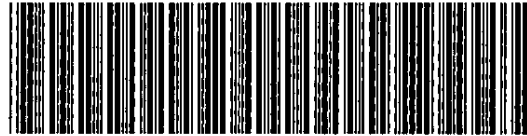
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400261365294

06/23/14--01020--004 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 23 AM 9:29

4005 6/24/14

COVER LETTER

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

SUBJECT: Miranda Auto Finance Corp.
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Miranda Auto Finance
 Name (Printed or typed)
4500 W 16 Ave # 615
 Address
Hialeah, Florida 33012
 City, State & Zip
786 - 521 - 4119
 Daytime Telephone number
OsmaniMiranda31@gmail.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: Miranda Auto Finance Corp.

ARTICLE II. PRINCIPAL OFFICE

Principal street address

4500 W 16 Ave # 615

Hialeah - Florida 33012

Mailing address, if different is:

P.O.BOX 28602

Hialeah Florida 33002

ARTICLE III. PURPOSE

The purpose for which the corporation is organized is: Business that sell new or used cars at the retail level. Buy new and used auto, Finance and loan.

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DIVISION OF CORPORATIONS
14 JUN 23 AM 9:30

ARTICLE IV. SHARES

The number of shares of stock is: 1

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Osmani Miranda

Address: 4500 W 16 Ave # 615

Hialeah, Florida 33012

Name and Title: _____

Address: _____

Name and Title: Isbel Luperon

Address: 4500 W 16 Ave # 615

Hialeah, Florida 33012

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Osmani Miranda

Address: 4500 W 16 Ave # 615

Hialeah, Florida 33012

ARTICLE VII INCORPORATOR

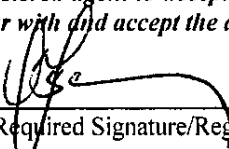
The name and address of the Incorporator is:

Name: Osmani Miranda

Address: 4500 W 15 Ave # 615

Hialeah, Florida 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

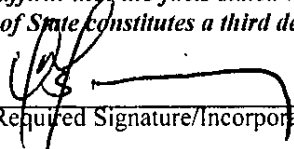


Required Signature/Registered Agent

06-18-2014

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.



Required Signature/Incorporator

06-18-2014

Date