

P14000063367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

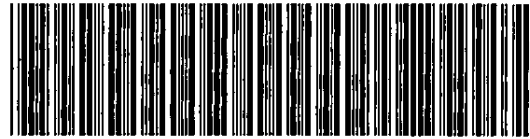
(Document Number)

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Certificates of Status

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FILED

2014 JUL 28 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: **Miguel Leal 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: **Miguel Leal**

Name (Printed or typed)

356 East 9th. St. Apt.# 4

Address

Hialeah, Florida 33010

City, State & Zip

786-399-0974

Daytime Telephone number

mmonty@bellsouth.net

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: Migurel Leal Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

356 East 97h. St. Apt. #4

Hialeah, Fl 33010

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing address, if different is:

(Same)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Transportation and all lawful business

ARTICLE IV SHARES

100 Shares of \$1.00 per value common shares which shall be designated "Common Shares"

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Miguel Leal-President

Name and Title: _____

Address 356 East 9th. Sty. Apt # 4

Address: _____

Hialeah, Fl. 33010

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:

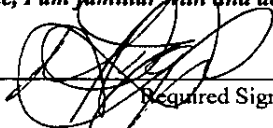
Name: Miguel Leal
Address: 356 East 9th. St. Apt. # 4
Hialeah, Fl 33010

ARTICLE VII INCORPORATOR

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

Name: Miguel Leal
Address: 356 East 9th. St. Apt.# 4
Hialeah, Fl. 33010

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

07-23-2014

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

07-23-2014

Date