

P/4000064478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

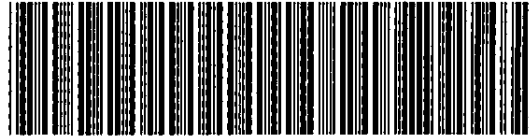
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **MAQ SERVICES, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **LEONARDO MAQUEIRA**

Name (Printed or typed)

965 WEST 37th STREET

Address

HIALEAH, FL 33012

City, State & Zip

(786) 448-7280

Daytime Telephone number

MAQUEIRA@COMCAST.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:

MAQ SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

965 WEST 37th STREET
HIALEAH, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LANDSURVEY AND MAP

ARTICLE IV SHARES

The number of shares of stock is:

THOUSAND (1000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

LEONARDO MAQUEIRA

Name and Title:

Address

965 WEST 37 ST
HIALEAH, FL 33012

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE FLORIDA

(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: LEONARDO MAQUEIRA

Address: 965 WEST 37 ST
HIALEAH, FL 33012

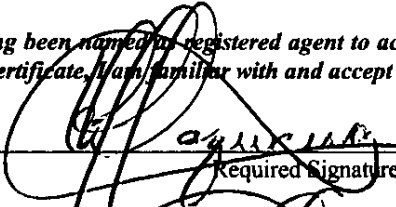
ARTICLE VII INCORPORATOR

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

Name: LEONARDO MAQUEIRA

Address: 965 WEST 37 ST
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

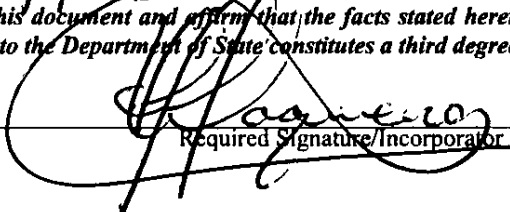


Required Signature/Registered Agent

7/29/2014

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

7/29/2014

Date

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