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(Requestor's Name)		
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
	☐ WAIT	MAIL
☐ FICK-OF	☐ ₩	LI WALL
	_	
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	•
Certified Copies	Certificates	of Status
Coord Instructions to	Filing Officer	
Special Instructions to Filing Officer:		
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COVER LETTER

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

_{SUBJECT:} Met	ro Property Solu	tions Corp.	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED
FROM: FI	rancisco Guzma	n	
	Nam	e (Printed or typed)	
65	665 Hidden Bead	ch Cir.	
		Address	
O	rlando, FI 32819		
	City	, State & Zip	
40	7-900-6721		

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

Daytime Telephone number

mpscflorida@gmail.com

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

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

	E ion shall be: Metro Property S	Solutions	Corp.
	Principal street address	1	Mailing address, if different is:
6565 Hidder	n Beach Cir.		
Orlando FL	32819		
ARTICLE III PURI The purpose for which the	POSE ne corporation is organized is:	andman type se	rvices for rental properties.
			5 J
			JA 29
	_		* ``
ARTICLE IV SHA The number of shares of:	RES tock is: 100		AM 11: 57
			on in
ARTICLE V INIT	TAL OFFICERS AND/OR DIRECTOR	<u>s</u>	
Name and Title		Name and Title	Daniel Munoz, Vice-President
Address	6565 Hidden Beach Cir.	_ Address:	3326 Calcutta Ave.
	Orlando Fl 32819	-	Orlando FL. 32817
Name and Title:	Teresa Guzman, Treasurer	Name and Title	Yobanka Munoz, Treasurer
Address	6565 Hidden Beach Cir.	_ Address:	3326 Calcutta Ave.
	Orlando FL 32819	-	Orlando FL. 32817
		-	
Name and Title:		_ Name and Title	·
Address			
		_	
		-	

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Francisco Guzman	****
Address:	6565 Hidden Beach Cir	<u>. </u>
	Orlando FL 32819	
ARTICLE VII	INCORPORATOR	
The <u>name and ad</u>	dress of the Incorporator is:	
Name:	Francisco Guzman	
Address:	6565 Hidden Beach Cir.	
	Orlando FL 32819	_
Having been nam this certificate, La	sed as registered agent to accept service of proce im familiar with and accept the appointment as p	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
		1-23-15 Date
	Required Signature/Registered Agent	Date
I submit this document to the L	ument and affirm that the facts stated herein ar Separtment <u>of State</u> constitutes a third degree felo	re true. I am aware that the false information submitted in a <u>ony as</u> provided for in s.817.155, F.S.
		1-23-15 Date
1	Required Signature/Incorporator	Date