## P15000026945

(Re	equestor's Name)		
(Ac	idress)		
(Ac	idress)		
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	ocument Number)		
(DC	cument Number)		
Certified Copies	_ Certificates o	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



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SECRETARY OF STATE

W15-15363

Z 03/13/15



## FLORIDA DEPARTMENT OF STATEORE Division of Corporations

March 3, 2015

IMIRA M. CORREA 5536 NW 114 AVE. #101 DORAL, FL 33178

SUBJECT: IM & C CORP. Ref. Number: W15000015363

We have received your document for IM & C CORP. and your check(s) totaling \$148.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is T03000000368 (IMC).

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 515A00004380

## **COVER LETTER**

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

SUBJECT:	ImiRA	Moreno	CORREA	
	(PROP	OSED CORPORAT	E NAME - <u>MUST INCLUI</u>	DE SUFFIX)
Enclosed are an	original and one (	l) copy of the artic	les of incorporation and	a check for:
S70.0 Filing Fe		te of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
			ADDITIONAL COP	Y REQUIRED
FROM:		Name (	Corveea Printed or typed)	·
5536 NW 114 Aue Unit 101 Address				
Docal 33178 City, State & Zip				
305. 500. 78.80				
Daytime Telephone number				
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)

The name of the corporat	<b>E</b> tion shall be:	Imira	Moreno	CORREA	COPP.	
ARTICLE II PRI 5536 NU Doral F	Principal street	address		Mailing add	ress, if different is	<del>.</del>
ARTICLE III PUR The purpose for which the	POSE ne corporation i	s organized is:				
ARTICLE IV SHA The number of shares of		1				15 MAR 20 PH 12: 05
		RS AND/OR DIRE	CTORS  REA Name and Titl	e:_Pre	vicent	
Address	5536	NW 114AU	∠ Address:	<del></del>	<del></del>	<del></del>
	101 Doral	FL 3317	3			
Name and Title:	<del></del>		Name and Titl	e:		
Address			Address:			
Name and Title:			Name and Titl			
Address			Address:			

Name and '	Fitle:	Name and Title:	
Address		Address:	
	REGISTERED AGENT	Sala analoga de agostico	
	rida street address (P.O. Box NOT acceptable) o	_	
Name:	TIMINA IVI CORPEA	-	<b>-</b> 9V.
Address:	5536 NW 114 Ave =	£101	S A
	Inika M. Corpea 5536 NW 114 Auc = Donal Fl 33178	-	FIL PROFC AR 20
ARTICLE VII	INCORPORATOR		PM 12: 05
The <u>name and add</u>	ress of the Incorporator is:		2: C
Name:	I mila M. CORRGA	_	55 ×
Address:	Imila M. CORROA  5536 NW 114AUC  Donal FC 33178	_ 101	
	Doral FC 33178	_	
	ed as registered agent to accept service of process in familiar with and accept the appointment as rej		
Zeu	Required Signature/Registered Agent	2.	24.2015
	Required Signature/Registered Agent		Date
	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felor		nation submitted in a
Ina	Required Signature/Incorporator		1.24.2015
/	Required Signature/Incorporator		Date