

**DISCOURAGE**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H15000239980 3)))



H1500023998034BC4

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
MI CASITA DE MUN ECAS CORP**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

15 OCT 14 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 OCT 14 PM 7:55

FILED

10-14-15  
Refax

Electronic Filing Menu

Corporate Filing Menu

Help



October 9, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORP USA

SUBJECT: MI CASITA DE MUNECA CORP  
REF: W15000067124

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

You must list at least one incorporator with a complete business street address.

Please return 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.

Jessica A Fason  
Regulatory Specialist II

FAX Aud. #: H15000239980  
Letter Number: 915A00021403

FILED  
15 OCT 14 PM 7:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

H15000 257780

COVER LETTER

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

SUBJECT: MI CASITA DE MUÑECAS 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  
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: MI CASITA DE MUÑECAS CORP  
Name (Printed or typed)

8545 NW 72 STREET  
Address

MIAMI, FL 33166  
City, State & Zip

(305) 716 7707  
Daytime Telephone number

albacete@mac.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: MI CASITA DE MUÑECAS CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8545 NW 72 St  
MIAMI, FL 33166

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>ALBA TORRES DE MAYORCA</u>	Name and Title: <u>CATALINA VALENZUELA</u>
Address: <u>PRESIDENT</u>	Address: <u>U.P.</u>
<u>8545 NW 72 St</u>	<u>8545 NW 72 St</u>
<u>MIAMI, FL 33166</u>	<u>MIAMI, FL 33166</u>

Name and Title: <u>MORGAN MIRANDA</u>	Name and Title: _____
Address: <u>SECRETARY</u>	Address: _____
<u>8545 NW 72 St</u>	_____
<u>MIAMI, FL 33166</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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: MORGAN MIRANDA  
Address: 8545 NW 72 ST  
MIAMI, FL 33166

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MORGAN MIRANDA  
Address: 8545 NW 72 ST.  
MIAMI, FL 33166

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

[Signature]  
Required Signature/Registered Agent

10-6-2015  
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.

[Signature]  
Required Signature/Incorporator

10-6-2015  
Date

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