

PI5000085714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

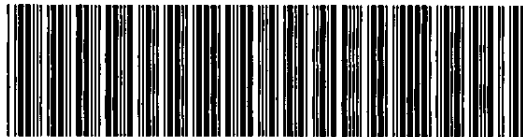
(Document Number)

Certified Copies _____

Certificates of Status ☒

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10/05/15--01030--022 **78.75

FILED
2015 OCT -5 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
Sept. 29, 2015

OCT 19 2015

COVER LETTER

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

SUBJECT: Miami Upholstery 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Jose Paniagua

Name (Printed or typed)

1710 S.W. 99 Avenue

Address

Miami, FL 33165

City, State & Zip

305-401-1302

Daytime Telephone number

mrjoebr@aol.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2015

JOSE PANIAGUA
1710 S.W. 99 AVENUE
MIAMI, FL 33165 US

SUBJECT: MIAMI UPHOLSTERY INC.
Ref. Number: W15000067548

We have received your document for MIAMI UPHOLSTERY INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Tina D Cannon
Regulatory Specialist II

Letter Number: 815A00021562

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: Miami Upholstery Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1710 SW 99th Ave

Miami, FL 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide supplies and service in the upholstery industry.

EFFECTIVE DATE

9-29-15

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose Paniagua, President

Name and Title: _____

Address 1710 S.W. 99th Ave

Address: _____

Miami, FL 33165

Name and Title: Anthony Paniagua, Vice President

Name and Title: _____

Address 1710 S.W. 99th Ave

Address: _____

Miami, FL 33165

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: Jose Paniagua
Address: 1710 S.W. 99 Ave.
Miami, FL 33165

ARTICLE VII INCORPORATOR

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

Name: Joseph Paniagua
Address: 1710 S.W. 99 Ave.
Miami, FL 33165

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/29/15 (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

Required Signature/Registered Agent

9/29/2015
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 s817.155, F.S.

Required Signature/Incorporator

9/29/2015
Date