P15000100435

(Requestor's Name)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL
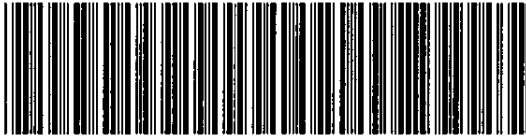
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

900279986259

12/14/15--01007--011 **78.75

12/22/15

COVER LETTER

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

SUBJECT: MIAMI CAD DESIGN, 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: ARMANDO J. AGUIAR
_____
Name (Printed or typed)

9682 FONTAINEBLEAU BLVD. APT# 707
_____
Address

MIAMI, FL 33172
_____
City, State & Zip

786-512-1747
_____
Daytime Telephone number

armando0405@gmail.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: MIAMI CAD DESIGN, INC.

ARTICLE II   PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
9682 FONTAINEBLEAU BLVD. APT# 707	
MIAMI, FL 33172	

ARTICLE III   PURPOSE
The purpose for which the corporation is organized is: To provide technical cad drafting services for clients.

ARTICLE IV   SHARES
The number of shares of stock is: 100

ARTICLE V   INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ARMANDO J. AGUIAR, PRESIDENT

Address: 9682 FONTAINEBLEAU BLVD.

APT# 707

MIAMI, FL 33172

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

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:

ARMANDO J. AGUIAR

Address:

9682 FONTAINEBLEAU BLVD. APT# 707

MIAMI, FL 33172

ARTICLE VII   INCORPORATOR

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

Name:

ARMANDO J. AGUIAR

Address:

9682 FONTAINEBLEAU BLVD. #707

MIAMI, FL 33172

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

_____   12/09/2015
Required Signature/Registered Agent   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.

_____   12/09/2015
Required Signature/Incorporator   Date