

P160000030474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

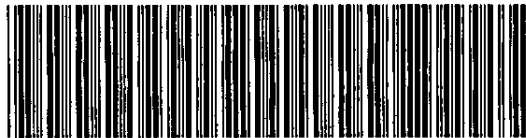
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 MAR 30 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR - 6 2016

T. BROWN

## COVER LETTER

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

SUBJECT: MADE IN MIAMI ART SHOW, INC DBA/MIMAS  
(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: LILLIAN DAVIS

Name (Printed or typed)

10330 S.W. 5555

Address

Miami, FL 33165

City, State & Zip

305-793-0552

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.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 14, 2016

LILLIAN DAVIS  
10330 SW 55 ST  
MIAMI, FL 33165

SUBJECT: MADE IN MIAMI ART SHOW, INC  
Ref. Number: W16000018885

We have received your document for MADE IN MIAMI ART SHOW, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 316A00005212

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: MADE IN MIAMI ART SHOW MIMAS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

11890 S.W. 8th SUITE 509  
MIAMI, FL 33184

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROMOTE ARTISTS LIVING  
IN MIAMI WITH EXHIBITIONS & ART SHOWS IN  
ORDER FOR THEM TO SELL THEIR ART WORK.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RUBEN GELER/PRES. Name and Title: LILLIAN DAVIS/TR

Address: 11890 S.W. 8th Address: 11890 S.W. 8th  
SUITE 509 SUITE 509  
MIAMI, FL 33184 MIAMI, FL 33184

Name and Title: CARMEN PORTELA/VP Name and Title: \_\_\_\_\_

Address: 11890 S.W. 8th Address: \_\_\_\_\_  
SUITE 509 \_\_\_\_\_  
MIAMI, FL 33184 \_\_\_\_\_

Name and Title: EDIN GUTIERREZ/SEC Name and Title: \_\_\_\_\_

Address: 11890 S.W. 8th Address: \_\_\_\_\_  
SUITE 509 \_\_\_\_\_  
MIAMI, FL 33184 \_\_\_\_\_

2016 MAR 30 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: LILLIAN DAVIS

Address: 11890 S.W. 85TH SUITE 509  
MIAMI, FL 33184

**ARTICLE VII INCORPORATOR**

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

Name: LILLIAN DAVIS

Address: 10330 S.W. 55TH  
MIAMI, FL 33165

**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*

Lillian Davis

Required Signature/Registered Agent

2/25/2016

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.*

Lillian Davis

Required Signature/Incorporator

LILLIAN DAVIS

2/25/2016

Date