

PI6000036268

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W16-17285

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000282631270

02/29/16--01034--023 **70.00

FILED
16 APR 21 PM 3:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: M&I HOME CARE SERVICES, 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: MARITZA IGLESIAS

Name (Printed or typed)

3626 SW 26 STREET

Address

MIAMI, FLORIDA 33133

City, State & Zip

786-237-8483

Daytime Telephone number

IGLESIASMARTIZA59@YAHOO.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

March 8, 2016

MARITZA IGLESIAS
3626 SW 26 STREET
MIAMI, FL 33133

SUBJECT: M&I HOME SERVICES, INC
Ref. Number: W16000017285

We have received your document for M&I HOME SERVICES, INC and your check(s) totaling \$70.00. 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.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 616A00004767

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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16 APR 21 PM 3:52

ARTICLE I NAME
The name of the corporation shall be: M&I HOME CARE SERVICES, INC

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

3626 SW 26TH STREET

MIAMI, FLORIDA 33133

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES 50
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARITZA IGLESIAS-PRESIDENT Name and Title: _____

Address 3626 SW 26TH STREET Address: _____

MIAMI, FL 33133 _____

Name and Title: IGORI MACHADO-VP Name and Title: _____

Address 3626 SW 26TH STREET Address: _____

MIAMI, FL 33133 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED

Name and Title: _____ Name and Title: 16 APR 21 PM 3:52
Address: _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Maritza Iglesias
Address: 3626 SW 24th Street.
Miami, FL 33133

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maritza Iglesias
Address: 3626 SW 24th Street.
Miami, FL 33133

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

X [Signature]
Required Signature/Registered Agent

2/16/2016
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.

X [Signature]
Required Signature/Incorporator

2/16/2016
Date