

P16000075173

(Requestor's Name)

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(City/State/Zip/Phone #)

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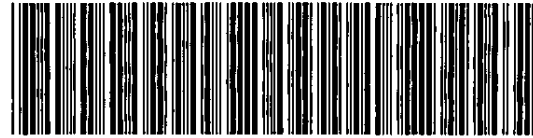
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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09/13/16

COVER LETTER

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

SUBJECT: Miami Mima, 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: Jessilyn M. Rodriguez

Name (Printed or typed)

13705 S.W. 12th Street - #B-403

Address

Pembroke Pines, FL 33027

City, State & Zip

954-802-3080 / 305-542-8061

Daytime Telephone number

jessilyn.r@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 Mima, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>13705 S.W. 12th Street - #B-403</u>	<u>Same</u>
<u>Pembroke Pines, FL 33027</u>	

ARTICLE III PURPOSE

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

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>JESSILYN M. RODRIGUEZ</u>	Name and Title:	<u>n/a</u>
Address	<u>President, VP, Director</u>	Address:	
	<u>13705 S.W. 12th Street - #B-403</u>		
	<u>Pembroke Pines, FL 33027</u>		
Name and Title:	<u>MGR</u>	Name and Title:	<u>n/a</u>
Address	<u>DAVID R. RODRIGUEZ</u>	Address:	
	<u>13705 S.W. 12th Street - #B-403</u>		
	<u>Pembroke Pines, FL 33027</u>		
Name and Title:	<u>n/a</u>	Name and Title:	<u>n/a</u>
Address		Address:	

Name and Title: n/a Name and Title: n/a
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: David R. Rodriguez
Address: 13705 S.W. 12th Street - #B-403
Pembroke Pines, FL 33027

ARTICLE VII INCORPORATOR

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

Name: Jessilyn M. Rodriguez
Address: 13705 S.W. 12th Street - #B-403
Pembroke Pines, FL 33027

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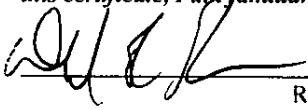
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: n/a (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.)

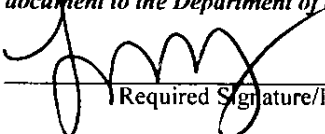
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 DAVID R. RODRIGUEZ
Required Signature/Registered Agent

09-01-2016
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.

 JESSILYN M. RODRIGUEZ
Required Signature/Incorporator

09-01-2016
Date