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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 OCT - 6 AM 9:45

*[Signature]* 10/07/16

## COVER LETTER

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

SUBJECT: MAZE PROPERTY MAINTENANCE CO.  
(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: MILTON HALL  
Name (Printed or typed)

498 NE 34<sup>TH</sup> CT  
Address

OAKLAND PARK FL 33334  
City, State & Zip

954 347-0678  
Daytime Telephone number

MAZEPROPERTY@YAHOO.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: MAZE PROPERTY MAINTENANCE CO.

ARTICLE II PRINCIPAL OFFICE

Principal street address

498 NE 34<sup>TH</sup> COURT  
OAKLAND PARK FL 33334

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MAINTENANCE OF RESIDENTIAL  
AND COMMERCIAL PROPERTIES. ARRANGING  
FOR REPAIRS ON THESE PROPERTIES.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MILTON HALL PRESIDENT Name and Title: \_\_\_\_\_

Address: 498 NE 34<sup>TH</sup> COURT Address: \_\_\_\_\_

OAKLAND PARK FL 33334

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: RAJIB COULTEL  
Address: 5640 SW 37TH COURT  
DADE, FL 33314

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**ARTICLE VII INCORPORATOR**

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

Name: MELTON HALL  
Address: 498 NE 34TH CT.  
OAKLAND PARK FL 33334

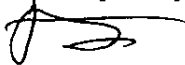
**ARTICLE VIII EFFECTIVE DATE:**

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*

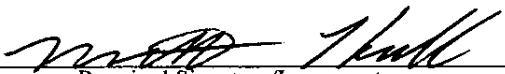


\_\_\_\_\_  
Required Signature/Registered Agent

10-02-2016

\_\_\_\_\_  
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.*



\_\_\_\_\_  
Required Signature/Incorporator

10-2-2016

\_\_\_\_\_  
Date