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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CLARA GIRALDO, P.A.
Account Number : I1999000017
Phone : (305)485-9300
Fax Number : (305)485-1098

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
MAELIN CONSTRUCTIONS SERVICES, INC.

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAR 20 AM 9:43

APPROVED
AND
FILED

RECEIVED

17 MAR 20 PH 4:30

MAELIN CONSTRUCTIONS SERVICES

MAR 21 2017

T. SCOTT

ARTICLES OF INCORPORATION

OF

MAELIN CONSTRUCTIONS SERVICES, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

MAELIN CONSTRUCTIONS SERVICES, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:

To have perpetual succession by its corporate

name:

MAELIN CONSTRUCTIONS SERVICES, INC.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

**CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300**

APPROVED
AND
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17 MAR 20 AM 9:43
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

NESTOR PEREZ
16483 SW 282 STREET
HOMESTEAD, FL 33033

The principal office shall be:

16483 SW 282 STREET
HOMESTEAD, FL 33033

The mailing address shall be:

16483 SW 282 STREET
HOMESTEAD, FL 33033

ARTICLE VI

The initial Board of Directors shall consist of a total of **TWO(2)** persons, and the name and address of the persons who are to serve as initial directors are:

NESTOR PEREZ
16483 SW 282 STREET
HOMESTEAD, FL 33033

PRESIDENT

ELIZABETH ALVAREZ
11636 NW 91 AVE
HIALEAH GARDENS, FL 33018

VICEPRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

NESTOR PEREZ
16483 SW 282 STREET
HOMESTEAD, FL 33033

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this MARCH 10, 2017 .


NESTOR PEREZ

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

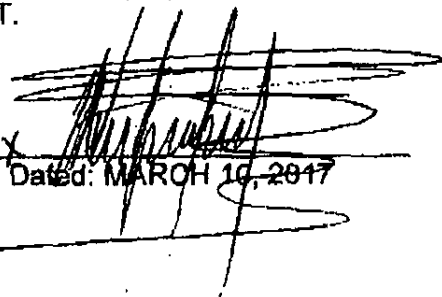
MAELIN CONSTRUCTIONS SERVICES, INC.

2. The Name and Address of the registered agent and office is:

**NESTOR PEREZ
16483 SW 282 STREET
HOMESTEAD, FL 33033**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



Dated: MARCH 10, 2017

**CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300**