

P17000054050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

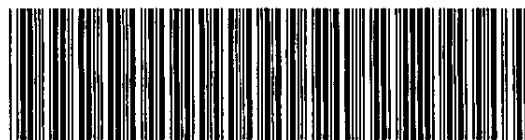
Certified Copies _____ Certificates of Status _____

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CLERK OF SUPERIOR COURT
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STATE
CLERK OF SUPERIOR COURT

JUN 23 2017

T SCHROEDER

MURALLES SERVICES AND REPAIRS CORP.
10206 SW 174 TERRACE
Miami, FL 33157
Phone: 786-389-7435

Department of State
Division of Corporations
Corporations Filings
PO Box 6327
Tallahassee, FL 32314

Attn: New Filing Section

Document Number: P15000024974
FEI: 47-3419132

March 8, 2017

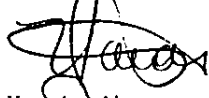
To Whom It May Concern:

Please be advised that I have no intention of reinstating "Muralles Services and Repairs Corp," Document Number P15000024974. Please release to me that name for use as same entity.

The principals will be the same as "Muralles Services and Repairs Corp" entity and intent to transact business as soon as this matter is cleared. Please feel free to create a new document number for it.

If you have any questions in regard this matter, do not hesitate to contact me.

Sincerely,

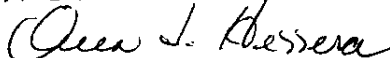


Yanaisy Abreu
c/o Muralles Services and Repairs Corp
10206 SW 174 Terrace
Miami, FL 33157
Phone: 786-389-7435

State of Florida

County of Miami Dade

The foregoing instrument was acknowledged before me this 8th day of March, 2017, by YANAISY ABREU who is personally known to me or who has produced FL DRIVER (type of ID) as identification as who did take an oath.

LIE # A164-960-82-710-0


Notary Public



Ana L. Herrera
Commission # GG026752
Expires: November 18, 2020
Bonded thru Aaron Notary

COVER LETTER

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

SUBJECT: MURALLES SERVICES AND REPAIRS CORP.

(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: YANAISY ABREU
Name (Printed or typed)
10206 SW 174 TERRACE
Address
MIAMI, FL 33157
City, State & Zip
305-216-6209
Daytime Telephone number
anaherrera1159@gmail.com
E-mail address: (to be used for future annual report notification)

RECEIVED
2017 JUN 20 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MURALLES SERVICES AND REPAIRS CORP.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

10206 SW 174 TERRACE

Mailing address, if different is: _____

MIAMI, FLORIDA 33157

ARTICLE III PURPOSE

"ANY AND ALL LAWFULL BUSINESS"

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YANAISSY ABREU, PRESIDENT

Name and Title: _____

Address 10206 SW 174 TERRACE

Address: _____

MIAMI, FLORIDA 33157

Name and Title: JOSE A. MURALLES, VICEPRESIDENT

Name and Title: _____

Address 10206 SW 174 TERRACE

Address: _____

MIAMI, FLORIDA 33157

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: Yanaisy Abreu _____

Address: 10206 SW 174 Terrace _____

Miami, FL 33157 _____

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TALLahassee, FL 32309

ARTICLE VII INCORPORATOR

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

Name: Yanaisy Abreu _____

Address: 10206 SW 174th Terrace _____

Miami, FL 33157 _____

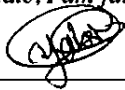
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

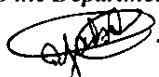


Required Signature/Registered Agent

03/08/2017

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

03/08/2017

Date