

From:

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
METRO MAINTENANCE SERVICE SYSTEMS S.E. INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ELECTRONIC FILING SERVICES

17 NOV -3 PM 4:34

From:

11/03/2017 14:06

#172 P.002/003

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: METRO MAINTENANCE SERVICE SYSTEMS S.E. Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
8333 NW 53RD STREET SUITE 450
DORAL, FL 33166

Mailing address, if different is:
8333 NW 53RD STREET SUITE 450
DORAL, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHARLES LOIODICE/PRESIDENT
Address: 8333 NW 53RD STREET SUITE 450
DORAL, FL 33166

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

17 NOV 3 41 PM '17
CLERK OF DISTRICT COURT
DADE COUNTY, FLORIDA

From:

11/03/2017 14:06

#172 P.003/003

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: CHARLES LOIODICE
 Address: 8333 NW 53RD STREET SUITE 450
 DORAL, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: CHARLES LOIODICE
 Address: 8333 NW 53RD STREET SUITE 450
 DORAL, FL 33166

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 named corporation in the place designated in this certificate, I am willing to do so and accept the appointment as registered agent and agree to act in this capacity

 Required Signature/Registered Agent

11/3/17
 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 §817.155, F.S.

 Required Signature/Incorporator

11/3/17
 Date