

Florida Department of State
Division of Corporations
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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
MIMARPA SERVICES CORP

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

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2018 JUL 30 AM 9:18

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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JUL 31 2018

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

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: Mimarpa Services Corp

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
2303 Butterfly Palm Way Unit 101
Kissimmee, FL 34747

Mailing address, if different is:
2303 Butterfly Palm Way Unit 101
Kissimmee, FL 34747

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: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Grace Terra/ PRES.</u>	Name and Title:	_____
Address	<u>2303 Butterfly Palm Way Unit 101</u>	Address:	_____
	<u>Kissimmee, FL 34747</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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: Grace Terra
Address: 2303 Butterfly Palm Way Unit 101
Kissimmee, FL 34747

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Grace Terra
Address: 2303 Butterfly Palm Way Unit 101
Kissimmee, FL 34747

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

(X) _____
Required Signature/Registered Agent

07/27/2018
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.

(Y) _____
Required Signature/Incorporator

07/27/2018
Date

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