

P18000073075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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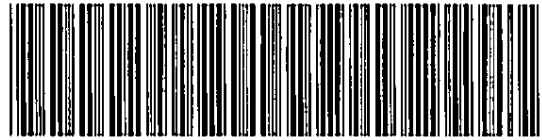
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T. SCOTT



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08/27/18--01017--011 **78.75

FILED
2018 AUG 27 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: MINDA SERVICES CORPORATION

(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: MAYRA ALVARENGA

Name (Printed or typed)

1700 MINDANAO DR APT 804

Address

JACKSONVILLE FL 32246

City, State & Zip

904 233 4760

Daytime Telephone number

mayrapavon2015@gmail.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: MINDA SERVICES CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address
1700 MINDANAO DR APT 804

JACKSONVILLE FL 32246

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CLEANING, PAINTING AND ANY WORK ALLOWED BY
THE FLORIDA STATE LAWS

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAYRA ALVARENGA, PRESIDENT

Address: 1700 MINDANAO DR APT 804
JACKSONVILLE FL 32246

Name and Title: ANDRES ALVARENGA VICE PRESI

Address: 1700 MINDANAO DR APT 804
JACKSONVILLE FL 32246

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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2010 AUG 27 AM 11:55
SECRETARY OF STATE
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: MAYRA ALVARENGA
Address: 1700 MINDANAO DR APT 804
JACKSONVILLE FL 32246

ARTICLE VII INCORPORATOR

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

Name: MAYRA ALVARENGA
Address: 1700 MINDANAO DR APT 804
JACKSONVILLE FL 32246

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:

MAYRA ALVARENGA M. Alvarenga 05/21/18
Required Signature/Registered Agent 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.

MAYRA ALVARENGA M. Alvarenga 05/21/18
Required Signature/Incorporator Date