

Division of Corporations

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To:

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

From:

Account Name : ACCOUNTING PERFECT SOLUTIONS CORP  
Account Number : I20140000109  
Phone : (786)316-5772  
Fax Number : (786)549-5991

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

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 JUL 15 PM 2:09

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
MARKET RESEARCH BY MR CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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Electronic Filing Menu

Corporate Filing Menu

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N. SAMS

JUL 16 2019

**COVER LETTER**

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

**SUBJECT:** MARKET RESEARCH BY MR 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** YUDEISY MELENDEZ

Name (Printed or typed)

815 NW 57 AVE STE: 200-6

Address

MIAMI, FL 33126

City, State & Zip

786-207-2772

Daytime Telephone number

yudeisymel@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: MARKET RESEARCH BY MR CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

815 NW 57 AVE STE: 200-6

MIAMI, FL 33126

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: YUDEISY MELENDEZ /PRESIDENT

Address 815 NW 57 AVE STE: 200-6

MIAMI, FL 33126

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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TALLAHASSEE

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: YUDEISY MELENDEZ  
 Address: 815 NW 57 AVE STE: 200-6  
 MIAMI, FL 33126

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: YUDEISY MELENDEZ  
 Address: 815 NW 57 AVE STE: 200-6  
 MIAMI, FL 33126

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 07/15/2019 (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 07/15/2019  
 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 07/15/2019  
 Date

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