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Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : FANJUL ENTERPRISES LLC
Account Number : I20190000080
Phone : (305)603-8791
Fax Number : (877)503-6086

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

Email Address: _____

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FLORIDA PROFIT/NON PROFIT CORPORATION
MAINEGRA OFFICE SOLUTIONS CORP

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: MAINEGRA OFFICE SOLUTIONS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address\$600 NW 33RD AVENUEMIAMI, FL 33147

Mailing address, if different is:

\$600 NW 33RD AVENUEMIAMI, FL 33147**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JUAN C MAINEGRA-PAddress \$600 NW 33RD AVENUEMIAMI, FL 33147

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, FL

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JUAN C MAINEGRA
Address: 8600 NW 33RD AVENUE
MIAMI, FL 33147

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JUAN C MAINEGRA
Address: 8600 NW 33RD AVENUE
MIAMI, FL 33147

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

JUAN C
Required Signature/Registered Agent

9/10/19
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.

JUAN C
Required Signature/Incorporator

9/10/19
Date