

P19000076702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

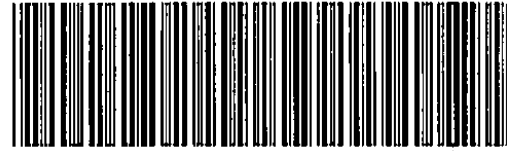
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JUAN CUETO  
MIRAMAR PROFESSIONAL SERVICES, INC.  
1885 SW 150<sup>TH</sup> AVENUE  
MIRAMAR, FLORIDA, 33027

October 1<sup>st</sup>, 2019

NEW FILING SECTION  
DIVISIONS OF CORPORATIONS  
CLIFTON BUILDING  
2661 EXECUTIVE CENTER CIRCLE  
TALLAHASSEE, FLORIDA, 32301

To Whom It May Concern,

My name is Juan Cueto (786) 273-6405, and I am the Registered Agent regarding "MIRAMAR PROFESSIONAL SERVICES, INC.", Document # P15000042434.

I would like to release the "admin dissolution for annual report" on Document # P15000042434 regarding "MIRAMAR PROFESSIONAL SERVICES, INC." and release the rights to the Name.

In addition, I have prepared and signed a copy of the Articles of Incorporation application and enclosed payment for the application fee in order to submit an original application to register the same name "MIRAMAR PROFESSIONAL SERVICES, INC.".

Please do not hesitate to contact me, Juan Cueto, (786) 273-6405 with any questions or comments.

Thank you in advance for your attention.

Sincerely,

JUAN CUETO  
PRESIDENT  
MIRAMAR PROFESSIONAL SERVICES, INC.  
1885 SW 150<sup>TH</sup> AVENUE  
MIRAMAR, FLORIDA, 33027

## COVER LETTER

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

SUBJECT: MIRAMAR PROFESSIONAL SERVICES INC  
(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: JUAN CUETO  
Name (Printed or typed)

1885 SW 150TH AVENUE  
Address

MIRAMAR, FL 33027  
City, State & Zip

(786) 273-6405  
Daytime Telephone number

miraprofservices@yahoo.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: MIRAMAR PROFESSIONAL SERVICES INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1885 SW 150TH AVENUE

1885 SW 150TH AVENUE

MIRAMAR, FL 33027

MIRAMAR, FL 33027

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LEGAL PURPOSE

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: JUAN CUETO, PRESIDENT

Name and Title: \_\_\_\_\_

Address: 1885 SW 150TH AVENUE

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

MIRAMAR, FL 33027

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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

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

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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: JUAN CUETO  
Address: 1885 SW 150TH AVENUE  
MIRAMAR, FL 33027

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JUAN CUETO  
Address: 1885 SW 150TH AVENUE  
MIRAMAR, FL 33027


**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 filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 de-*  
*this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

10/01/2019

Date

*I submit this document and affirm that the facts stated herein are true, I am aware that the false information sub-*  
*document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

10/01/2019

Date