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Division of Corporations

Florida Department of State
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TO:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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
MIAMI LIVE TRAPS, INC.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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October 16, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEAGALINC CORPRATE SERVICES INC

,

SUBJECT: MIAMI LIVE TRAPS, INC
REF: W19000091824

We have received your document for MIAMI LIVE TRAPS, INC and your check(s) totaling $. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

FAX Aud. #: H19000305860
Letter Number: 219A00021290

P.O BOX 6327 - Tallahassee, Florida 32314

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: MIAMI LIVE TRAPS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
18752 NW 84 PLACE	18752 NW 84 PLACE
NO 605	NO 605
MIAMI, FL 33015	MIAMI, FL 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: GENERAL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	CAROLINA C. LOPEZ- PRESIDENT	Name and Title:	
Address:	18752 NW 84 PLACE	Address:	
	NO 605		
	MIAMI, FL 33015		
Name and Title:		Name and Title:	
Address:		Address:	
Name and Title:		Name and Title:	
Address:		Address:	

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: CAROLINA C. LOPEZ

Address: 13752 NW 84 PLACE NO 605

MIAMI, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CAROLINA C. LOPEZ

Address: 13752 NW 84 PLACE NO 605

MIAMI, FL 33015

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.

_____ 10-09-2019

Required Signature of 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.

_____ 10-09-2019

Required Signature of Incorporator Date