

OCT/22/2019/TUE 04:09 PM

FAX No.

P. 001

P19000079164

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((H19000309782 3)))



H190003097823ABC6

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To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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
MARIELA RINCON PA

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FAX No.

P. 002

850-617-6381

10/21/2019 2:49:36 PM PAGE 1/001 Fax Server



October 21, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: MARIELA RINCON PA
REF: W19000093197

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

Shondreka M Ballenger
Regulatory Specialist II
New Filing Section

FAX Aud. #: H19000309782
Letter Number: 619A00021694

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared, **MARIELA RINCON** who after being first duly sworn, under oath, deposes and says:

1. He undersigned is the President of **MARIELA RINCON PA** a Florida corporation, filed with the Florida Department of State on **JULY 25, 2017**.
2. The undersigned hereby consents to and authorizes the use of the name **MARIELA RINCON PA** to **MARIELA RINCON** for the purpose of Incorporating a new entity.
3. The undersigned has personal knowledge of the facts and matters set forth herein and therefore has no intentions of reinstating the Dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

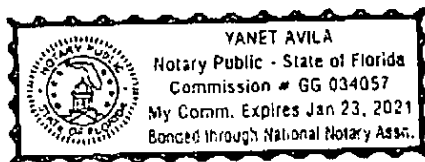

MARIELA RINCON

STATE OF FLORIDA)
) SS: ...
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, **MARIELA RINCON** who is personally known to me, who being by me first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal this 22 day of **OCTOBER, 2019**.


Notary Public



ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: MARIELA RINCON PA**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

4728 NW 103 CTDORAL, FL 33178**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: THE PURPOSE FOR THIS ENTITY IS REAL ESTATE.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MARIELA RINCON (P)

Name and Title: _____

Address 4728 NW 103 CT

Address: _____

DORAL, FL 33178

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: MARIELA RINCON
Address: 4728 NW 103 CT
DORAL, FL 33178

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: MARIELA RINCON
Address: 4728 NW 103 CT
DORAL, FL 33178

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

Mariela Rincon H

Required Signature/Registered Agent

10/12/2019

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.

Mariela Rincon H

Required Signature/Incorporator

10/12/2019

Date

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(((H19000312691 3)))



H190003126913ABC%

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To: Division of Corporations
Fax Number : (850)617-6381
From: Account Name : FANJUL ENTERPRISES LLC
Account Number : I201900000080
Phone : (305)603-8791
Fax Number : (877)503-6086

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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
GARCIA MIA BILLING SERVICES CORP

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

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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:

GARCIA MIA BILLING SERVICES CORP

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

1855 W 60TH STREET APT 248

HIALEAH, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL PURPOSES

ARTICLE IV SHARES

1000

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VICTOR GARCIA-P

Name and Title:

Address 1855 W 60TH STREET APT 248

Address:

HIALEAH, FL 33012

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

Name: VICTOR GARCIA
Address: 1855 W 60TH STREET APT 248
HALEAH, FL 33012

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: VICTOR GARCIA
Address: 1855 W 60TH STREET APT 248
HALEAH, FL 33012


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

X 

Required Signature/Registered Agent

10/21/2019

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.

X 

Required Signature/Incorporator

10/21/2019

Date

FAX COVER SHEET

TO

COMPANY

FAX NUMBER 18506176381

FROM Law Offices Tony Pornprinya

DATE 2019-10-22 17:02:55 GMT

RE W BLOCK A MANAGER LLC

COVER MESSAGE

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