

P20000 00 40 83

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

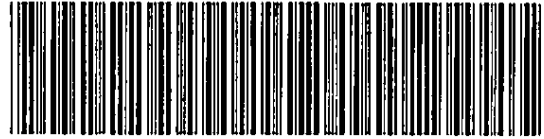
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/26/19--01025--013 \*\*87.50

**COVER LETTER**

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

**SUBJECT:** Miami Dade County Tax Collectors 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: Gloria Mejia  
Name (Printed or typed)

7400 SW 104th Street  
Address

Miami, FL 33156  
City, State & Zip

7865531828  
Daytime Telephone number

Mejiagloria236@gmail.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL

2019 DEC 26 PM 3:00

**FILED**

**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: MIAMI DADE COUNTY TAX COLLECTORS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address: 7400 SW 104th Street, Miami FL 33156

Mailing address, if different is: 7400 SW 104th Street, Miami FL 33156

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: AGENCY FOR TAXES SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gloria Mejia PRESIDENT Name and Title:

Address: 7400 SW 104th Street, Miami FL 33156 Address:

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

FILED 2019 DEC 26 PM 3:01 SECRETARY OF STATE FALL AHAASSEE, FL

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: Gloria Mejia  
Address: 7400 SW 104th Street  
Miami, FL 33156

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Gloria Mejia  
Address: 7400 SW 104th Street  
Miami FL 33156

FILED  
2019 DEC 26 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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*

Gloria Mejia  
Required Signature/Registered Agent

12/18/19  
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.*

Gloria Mejia  
Required Signature/Incorporator

12/18/2019.  
Date