

P20000 00 40 83

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

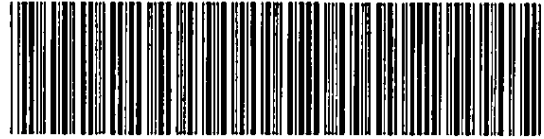
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400338294394

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 Address:
Miami FL 33156

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
TALLAHASSEE, 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