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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : JULIO MORAN MULTI-SERVICES, CORP.
Account Number : I20190000059
Phone : (305)643-3922
Fax Number : (305)643-3211

****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
MARBLE POLISH RESTORATION SERV. CORP**

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

FEB 07 2020

T. SCOTT

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COVER LETTER

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

SUBJECT: MARBLE POLISH RESTORATION SERV. CORP.

(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: PABLO E. EIRE
Name (Printed or typed)

2410 SW 16th STREET
Address

MIAMI FLORIDA 33145
City, State & Zip

786-222-6493
Daytime Telephone number

enrique1961@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: MARBLE POLISH RESTORATION SERV. CORP

ARTICLE II PRINCIPAL OFFICEPrincipal street address
2410 SW 16th. STREET

MIAMI, FL 33145

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MARBLE POLISH AND RESTORATION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PABLO E. EIRE / PRESIDENT

Address

2410 SW 16th. STREET

MIAMI, FL 33145

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

2020 FEB -6 AM 8:49
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CLERK OF DISTRICT COURT
JULIO MORAN SERV

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(H200000428413)

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: PABLO E. EIRE
Address: 2410 SW 16th. STREET
MIAMI, FL 33145

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

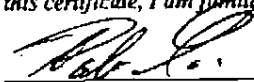
Name: PABLO E. EIRE
Address: 2410 SW 16th STREET
MIAMI, FL 33145

ARTICLE VIII EFFECTIVE DATE: FEB - 06 - 2020 (OPTIONAL)
Effective date, if other than the date of filing: _____

(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

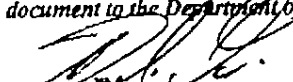


Required Signature/Registered Agent

02 - 06 - 2020

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.



Required Signature/Incorporator

02 - 06 - 2020

Date

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