

P20000029632

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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2020 APR 15 PM 4:39

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To:

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

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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DATE 04/15/2020 BY 60322

**\*\*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  
MCOF CABLE INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:MCOF CABLE INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

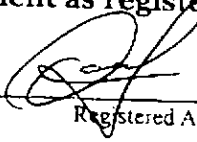
1777 W 57 ST HIALEAH FL 33012**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**OSMAR E. ARGOTE (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

OSMAR E. ARGOTE1777 W 57 STHIALEAH FL 33012**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:OSMAR E. ARGOTE1777 W 57 STHIALEAH FL 33012FILED  
20 APR 15 PM 09:13  
CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
MIAMI, FLORIDA

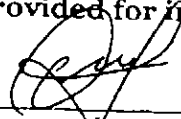
**Required Signatures:**

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

  
\_\_\_\_\_  
Registered Agent

4/15/20  
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.

  
\_\_\_\_\_  
Incorporator

4/15/20  
Date