

5/1/2020

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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 : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****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

Manny Miranda Financial Services, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

J. FASON

MAY 01 2020

2020 MAY -1 PM 3:52

FILED

2020 MAY -1 AM 5:31

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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: Manny Miranda Financial Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
16896 S. Dixie Hwy
Palmetto Bay, FL
33157

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide financial services to clients.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Manny Miranda - President Name and Title: _____

Address: 16896 S. Dixie Hwy Address: _____
Palmetto Bay, FL
33157

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

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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: Carol Sokolow CPA.

Address: 9500 S. Dadeland Blvd, Ste 700
Miami, FL. 33156

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Manny Miranda

Address: 16846 S. Dixie Hwy
Palmetto Bay, FL 33157

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

Carol Sokolow
Required Signature/Registered Agent

4/27/20
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.

Manny Miranda
Required Signature/Incorporator

4/27/2020
Date

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