学習

 $\overline{\mathbb{O}}$



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000212936 3)))



H200002129353ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:			ا لہ
	Division of Corporations		
	Fax Number	: (850)617-6381	A.H
From:			ထု
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	చ్
	Account Number	: 12000000019	
	Phone	: (305)552-5973	
	Fax Number	: (305)675-5944	

Email Address:

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

Help

: -

÷ .

. 7

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

M & I BUSINESS SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

7175 SW 8TH ST # 210

33144 MIAMI FL.

	E IV INITIAL DIRECTORS AND/	(\mathcal{P})
	MAXIMILIANO R. GARAY	
	7175 SW 8TH ST # 210	
·	MIAMI FL, 33144	
	······································	
TTOT E V	INITIAL REGISTERED AGENTAN	D STREET ADDRESS
TICLE V name and F	INITIAL REGISTERED AGENT AN orida street address (PO Box not acceptabl MAXIMILIANO R GARAY	D STREET ADDRESS e) of the registered agen
TICLE V name and F	orida street address (PO Box not acceptabl	e) of the registered agen
TICLE V name and F	orida street address (PO Box not acceptabl	e) of the registered agen

÷

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

07/0E# 0 Registered Agent

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

05/06/20