

P 20 DDD 054 836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

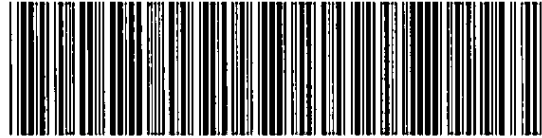
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/07/20 -01041--021 **70.00

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2020 JUL -7 PM 3:01
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Madiz Enterprises 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Irqema Arauz
Name (Printed or typed)
8180 NW 36th St. #406
Address
Doral, FL 33166
City, State & Zip
(305) 406-3800
Daytime Telephone number
A+plus @ Live com
E-mail address: (to be used for future annual report notification)

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

DEPT. OF STATE
TALLAHASSEE, FL

2020 JUL - 7 PM 3:01

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AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared **MADIZ ENTERPRISES CORP**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **MADIZ ENTERPRISES CORP**, a Florida corporation to be filed with the Florida Department of State on or about **June 30, 2020**.
2. The undersigned hereby consents to and authorizes the use by **MADIZ ENTERPRISES CORP**, of the name **MADIZ ENTERPRISES CORP**.
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

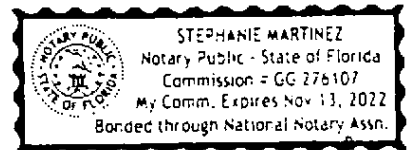
FURTHER AFFIANT SAYETH NAUGHT.


MARIO DIAZ

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, MARIO DIAZ, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 30th day of June, 2020.




Notary Public Signature

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TALLAHASSEE,
FLORIDA

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: Madiz Enterprises Corp

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
9549 SW 163rd Ct
Miami, FL 33196

Mailing address, if different is:
9549 SW 163rd Ct
Miami, FL 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mario Diaz / President Name and Title: _____

Address: 9549 SW 163rd Ct Address: _____
Miami, FL 33196

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SEC. 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: Mario Diaz
Address: 9549 SW 163rd CT
Miami, FL 33196

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Mario Diaz
Address: 9549 SW 163rd CT
Miami, FL 33196


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.)

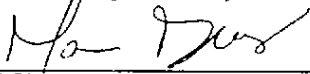
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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:


Required Signature/Registered Agent

06/30/2020
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

06/30/2020
Date

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DEPARTMENT OF STATE
TALLAHASSEE, FL

Detail by Entity Name

Florida Profit Corporation
MADIZ ENTERPRISES CORP

Filing Information

Document Number P17000023248
FEI/EIN Number APPLIED FOR
Date Filed 03/13/2017
Effective Date 03/10/2017
State FL
Status INACTIVE
Last Event ADMIN DISSOLUTION
FOR ANNUAL REPORT
Event Date Filed 09/27/2019
Event Effective Date NONE

Principal Address

9229 SW 157 CT
MIAMI, FL 33196

Mailing Address

9229 SW 157 CT
MIAMI, FL 33196

Registered Agent Name & Address

DIAZ, MARIO
9229 SW 157 CT
MIAMI, FL 33196

Officer/Director Detail**Name & Address**

Title P

DIAZ, MARIO
9229 SW 157 CT
MIAMI, FL 33196

Annual Reports

Report Year	Filed Date
2018	05/01/2018

Document Images

05/01/2018 -- ANNUAL REPORT [View image in PDF format](#)

03/13/2017 -- Domestic Profit [View image in PDF format](#)

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