

P 2000055892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

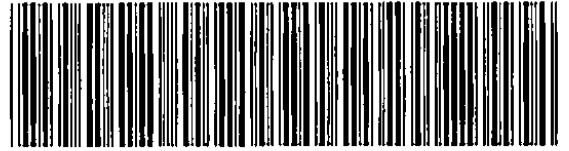
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Derrick Thompson

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

SUBJECT: Miami Review News Co.

(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: GLORIA ALFONSO

Name (Printed or typed)

2364 SW 11 ST

Address

MIAMI FL 33135

City, State & Zip

786 399-5072

Daytime Telephone number

miamireviewnewsdigital@outlook.com

E-mail address: (to be used for future annual report notification)

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

ARTICLE I NAME

The name of the corporation shall be: Miami Review News Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2364 SW 11 ST

MIAMI FL 33135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Business for profit

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gloria Alfonso/ President

Name and Title: _____

Address 2364 SW 11 ST

Address: _____

MIAMI FL 33135

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: GLORIA ALFONSO
Address: 2364 SW 11 ST
MIAMI FL 33135

ARTICLE VII INCORPORATOR

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

Name: GLORIA ALFONSO
Address: 2364 SW 11 ST
MIAMI FL 33135

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 filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 on the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent 7/1/2020
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator 7/1/2020
Date