

15/1/2021

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : ISAMAR TORRES
Account Number : I20200000137
Phone : (786)660-0108
Fax Number : (305)503-7123

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: onestopsolutionsfl@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Mia Beach, Corp

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2021 JAN 15 PM 12:11

JJC
1/19/21

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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

SUBJECT: Mia Beach, 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: Jhonattan Pacheco
Name (Printed or typed)

17105 North Bay Rd Suite B106
Address

Sunny Isles Beach, Florida 33160
City, State & Zip

786-868-4196
Daytime Telephone number

mmorgadoz@gmail.com
E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAMEThe name of the corporation shall be: Mia Beach, Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address17105 North Bay Rd Suite B106Sunny Isles Beach, Florida 33160

Mailing address, if different is:

17105 North Bay Rd Suite B106Sunny Isles Beach, Florida 33160**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Construction and Cleaning Services**ARTICLE IV SHARES**

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: P. Jhonattan PachecoName and Title: VP. Mariangel MorgadoAddress 17105 North Bay Rd Suite B106Address: 17105 North Bay Rd Suite B106Sunny Isles Beach, Florida 33160Sunny Isles Beach, Florida 33160Name and Title: NoneName and Title: NoneAddress NoneAddress: NoneName and Title: NoneName and Title: NoneAddress NoneAddress: None

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Name and Title: None Name and Title: None
 Address: None Address: None

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Isamar Torres
 Address: 4167 Nw 135th St
Opa Locka, Florida 33054

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: P. Jhonattan Pacheco
 Address: 17105 North Bay Rd Suite B106
Sunny Isles Beach, Florida 33160

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 01/15/2021, (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*

Isamar Torres 01/15/2021
 Required Signature/Registered Agent 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.

Jhonattan Pacheco 01/15/2021
 Required Signature/Incorporator Date

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