

2/8/2021

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2ND Request
First sent on 2/8/2021

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 : WISE TAX FIRM INC.
Account Number : 1202100000018
Phone : (786)620-0000
Fax Number : (786)227-6631

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
MIOCAMPO SERVICES CORP

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

SLC 2/16/21

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

MIOCAMPO SERVICES CORP

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

14265 SW 285TH TERR

HOMESTEAD, FL 33033

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

MIGUEL OCAMPO - PRESIDENT

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

MIGUEL OCAMPO

14265 SW 285TH TERR

MIAMI, FL 33030

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

MIGUEL OCAMPO

14265 SW 285TH TERR

HOMESTEAD, FL 33030

2021 FEB 15 PM 4:33

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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

 _____ 2/8/21
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.

 _____ 2/8/21
Incorporator Date

2021 FEB 15 PM 4:55
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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