

9/22/21, 11:10 AM

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ALEX PINA CO.
Account Number : I20190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

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

Email Address: client@alexpina.co

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TALLAHASSEE, FL

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FLORIDA PROFIT/NON PROFIT CORPORATION
Management & Services Miami Inc

Certificate of Status	0
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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:

Management & Services Miami Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address
3300 NE 192nd St APT 817

Mailing address, if different is:

Aventura, FL 33180**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any And All Lawful Purposes**ARTICLE IV SHARES**The number of shares of stock is: **10,000****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **Patrick L Juffe - President**

Name and Title:

Address **3300 NE 192nd St APT 817**

Address:

Aventura, FL 33180

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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

Name: Alex Pina Co.
Address: 8400 NW 36th St Ste 450
Doral, FL 33166

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Patrick L Juffe
Address: 3300 NE 192nd St APT 817
Aventura, FL 33180

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
09/22/2021
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
09/22/2021
Date

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