

P21 000 105299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

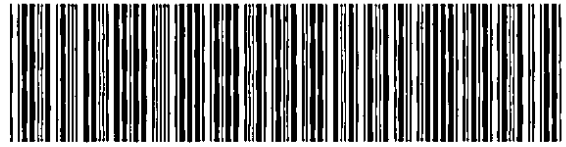
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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December 16, 2021

Florida Department of State
Division of Corporations

Ref Number: N21000008588

Subject: MIA HOME SERVICES AND TRAVEL, CORP

To whom it may concern.

I am notifying the Division of Corporations of the dissolution of my non-profit corporation. I have no intention on reinstating the non-profit corporation. I am releasing my business name, MIA HOME SERVICES AND TRAVEL, CORP. to be used to form my new profit corporation.

Please apply the \$35.00 Money Order that was sent previously, as payment for the non-profit corporation Articles of Dissolution Fee.

I will include a Money Order for \$70.00 with all the documents required, to be applied to the new profit corporation formation fees. Fees being paid with the stated money order are the \$35.00 Filing Fee and \$35.00 Designation of Registered Agent Fee for a profit corporation.

Thank you.

Juana Barrios.

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Sworn to (or affirmed) and subscribed before me this 16 day of December (month),
2021 (year).

by Juana Barrios (name of business owner), who is: Personally Known OR Produced Identification
Florida Drivers License (Type of Identification Produced)

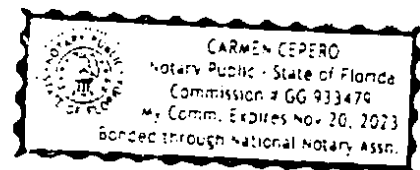
Carmen Cepero

(Signature of Notary Public-State of Florida)

Print Name: Carmen Cepero

Commission Number: GG 933479

My Commission Expires: Nov 20, 2023



COVER LETTER

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

SUBJECT: MIA HOME SERVICES AND TRAVEL, 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: JUANA BARRIOS
Name (Printed or typed)

10300 SW 72 ST, SUITE 460-4
Address

MIAMI, FL 33173
City, State & Zip

(786) 278-4689
Daytime Telephone number

ORQUYB@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

REC'D
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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: MIA HOME SERVICES AND TRAVEL, CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10300 SW 72 ST

SUITE 460-4

MIAMI, FL 33173

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDE TRAVEL ASSISTANCE
AND HOME SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUANA BARRIOS, PRESIDENT

Address 10300 SW 72 ST

SUITE 460-4

MIAMI, FL 33173

Name and Title: _____

Address _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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: JUANA BARRIOS
Address: 10300 SW 72 ST, SUITE 460-4
MIAMI, FL 33173

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUANA BARRIOS
Address: 10300 SW 72 ST, SUITE 460-4
MIAMI, FL 33173

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/16/2021 (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

JB 12/16/2021
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.

JB 12/16/2021
Required Signature/Incorporator Date