

P22000031014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

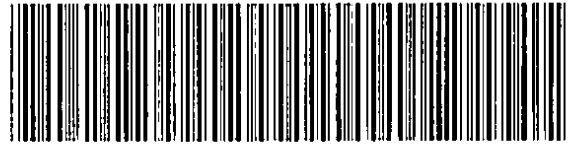
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600385389596

04/15/22--01001--021 **78.75

RECEIVED

2022 APR 15 PM 2:38

ALLAHASSEE, FL

FILED

2022 APR 25 PM 4:45

ALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2022

CAPITAL CONNECTION

SUBJECT: MIMITAS DECORATIONS INC
Ref. Number: W22000053397

RECEIVED
2022 APR 25 PM 4:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for MIMITAS DECORATIONS INC and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carlos E Rico
Regulatory Specialist III

Letter Number: 822A00009482

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MITAS DECORATIONS INC

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

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

ARTICLE I NAME

MIMITAS DECORATIONS INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

7947 W 28 AVE Principal street address

Mailing address, if different is: _____

HIALEAH FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____ DECORATION SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ARIANNA SILVA PRESIDENT

Name and Title: _____

Address 7947 W 28 AVE

Address: _____

HIALEAH FL 33016

As _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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2022 APR 25 PM 4:45
CLERK OF CIRCUIT COURT
DADE COUNTY FL

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: ARIANNA SILVA
Address: 7947 W 28 AVE
HIALEAH FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ARIANNA SILVA
Address: 7947 W 28 AVE
HIALEAH FL 33016

ARTICLE VIII EFFECTIVE DATE:


04/14/2022

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.)

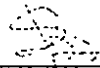
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

04/14/2022
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

04/14/2022
Date

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2022 APR 25 PM 4:45
TALLAHASSEE, FL