

8/25/22, 10:22 AM

Division of Corporations
P22000066634
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000287749 3)))



H220002877493ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
 Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
 Account Number : I20000000146
 Phone : (305)444-4994
 Fax Number : (305)328-4774

****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
MIA ARTE INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2022 AUG 25 PM 12:17

2022 AUG 25 AM 2:19

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAMEThe name of the corporation shall be: MIA ARTE INC**ARTICLE II PRINCIPAL OFFICE**Principal street address1870 SW 15th ST
MIAMI, FL 33145

Mailing address, if different is:

1870 SW 15th ST
MIAMI, FL 33145**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MIOARA LILIANA MOCANU - P

Name and Title: _____

Address 1870 SW 15th ST
MIAMI, FL 33145

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2022 AUG 25 AM 2:19

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: MIOARA LILIANA MOCANU
Address: 1870 SW 15th ST
MIAMI, FL 33145

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

Name: MIOARA LILIANA MOCANU
Address: 1870 SW 15th ST
MIAMI, FL 33145

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 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 Date

2022 AUG 25 AM 2:19