P22000076873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

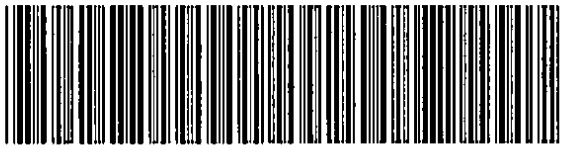
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2022 OCT -6 PM 6:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/6/22

W22-970044

COVER LETTER

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

SUBJECT: Maradiaga 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 Filing Fee

☐ $78.75 Filing Fee & Certificate of Status

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Jose Maradiaga Ochoa
Name (Printed or typed)

1922 nw 7 th apt6
Address

Miami florida
City, State & Zip

786 357-7234
Daytime Telephone number

maradiaga092011@hotmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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

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: Maradiaga Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

1922 nw 7 th apt6

miami fl 33125

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

D

Name and Title: Jose Maradiaga Ochoa

Address: 1922 nw 7 th st apt 6

miami fl 33125

Name and Title:

Address:

Name and Title:

Address:

Name and Title: n/a

Address: n/a

Name and Title:

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: n/a

Address

Name and Title

Address

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jose Maradiaga Ochoa

Address: 1922 nw 7street apt 6

Miami Fl 33125

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

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.

Jose maradiaga Ochoa

Required Signature/Registered Agent

10-6-22

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

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jose Maradiaga Ochoa

Address: 1922 nw 7th st apt 6

Miami Florida 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jose Maradiaga Ochoa

Address: 1922 nw 7th st apt 6

Miami Florida 33125

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

Jose maradiaga Ochoa

Required Signature/Registered Agent

09/13/2022

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

09/13/2022

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 OCT -6 PM 6:00

FILED