

P22000092355

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.

((H22000419856 3)))



H220004198563ABC

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 : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)326-0178
Fax Number : (214)317-4754

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

Maurmic Enterprises Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2022 DEC 14 PM 8:08

2022 DEC 14 AM 2:59

((H22000419856 3))

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: Maurmic Enterprises Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9370 Southwest 72nd Street, Suite A106

9370 Southwest 72nd Street, Suite A106

Miami, FL, 33173

Miami, FL, 33173

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maurice Fletcher, President

Name and Title: Michael Fletcher, Director

Address: 9370 Southwest 72nd Street, Suite A106

Address: 9370 Southwest 72nd Street, Suite A106

Miami, FL, US, 33173

Miami, FL, US, 33173

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

((H22000419856 3))

((H22000419856 3))

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: Maurice Fletcher
 Address: 9370 Southwest 72nd Street, Suite A106
Miami, FL, US, 33173

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maurice Fletcher
 Address: 9370 Southwest 72nd Street, Suite A106
Miami, FL, US, 33173

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

Maurice Fletcher _____ Date 12/13/22
 Required Signature/Registered Agent

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.

Maurice Fletcher _____ Date 12/13/22
 Required Signature/Incorporator

((H22000419856 3))