

1/11/23, 10:57 AM

Division of Corporations

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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION MIMI ALBERT ENTERPRISE CORP

Certificate of Status	0
Certified Copy	1
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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: MIMI ALBERT ENTERPRISE CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

11370 SW 45 ST MIAMI FL 33165**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: BARBARA BARRIOS (P)

Name and Title: _____

Address: 11370 SW 45 ST

Address: _____

MIAMI, FL 33165

Name and Title: _____ Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____

Address: _____

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: BARBARA BARRIOS
Address: 11370 SW 45 ST
MIAMI, FL 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BARBARA BARRIOS
Address: 11370 SW 45 ST
MIAMI, FL 33165

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

1/10/23
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

1/10/23
Date