

P24000010425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

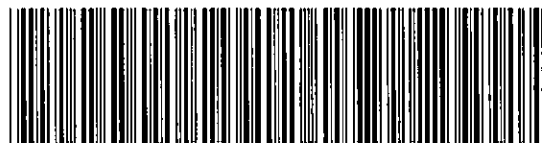
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800420163478

12/11/23--01038--010 \*\*128.75

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 DEC 11 PM 7:12

FILED

## COVER LETTER

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

SUBJECT: MIRON CM INC

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
-----------------------	---------

From: CONSTANTIN MIRON

Name (printed or typed)

Address

1903 N HERCULES AVE

City, State & Zip

CLEARWATER

Daytime Telephone Number

TAXSERVICEMASTERS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

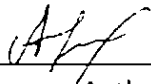
Articles of Domestication  
Foreign Corporation Domesticating to Florida

The undersigned, CONSTANTIN MIRON, PRESIDENT  
(Name) (Title)

of MIRON CM INC, a foreign  
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of  
Domestication.

1. Then name of the domesticating corporation is MIRON CM INC  
(Foreign Corporation)  
\_\_\_\_\_
2. The jurisdiction and date of its formation is PENNSYLVANIA / 05/30/2019
3. The name of the domesticated corporation is MIRON CM INC  
\_\_\_\_\_
4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was  
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication  
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

  
\_\_\_\_\_  
(Authorized Signature)

**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I    NAME**

*THE NAME OF THE CORPORATION SHALL BE:*

MIRON CM INC

**ARTICLE II    PRINCIPAL OFFICE**

*THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:*

Principal Address  
10901 BRIGHTON BAY BLVD NE  
APT 8303  
Saint Petersburg, FL 33716

Mailing Address  
10901 BRIGHTON BAY BLVD NE  
APT 8303  
Saint Petersburg, FL 33716

**ARTICLE III    PURPOSE**

*THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:*  
CABLES INSTALLATION SERVICE

**ARTICLE IV    SHARES**

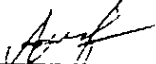
*THE NUMBER OF SHARES OF STOCK IS:* 100

**ARTICLE VI    REGISTERED AGENT AND STREET ADDRESS**

*THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:*

CONSTANTIN MIRON  
10901 BRIGHTON BAY BLVD NE APT 8303  
ST PETERSBURG, FL 33716

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

  
Signature/Registered Agent

12/5/23  
Date

**ARTICLE V DIRECTORS AND/ OR OFFICERS**

*THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:*

Name & Title: CONSTANTIN MIRON / PRESIDENT

Address: 10901 BRIGHTON BAY BLVD NE APT 8303

ST PETERSBURG, FL 33716

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

I submit this document and affirm that the facts stated herein are true. I am aware that 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.

  
Signature/Authorized Person

2023 DEC 11 PM 7:12  
SECRETARY OF STATE  
TALLAHASSEE, FL  
12/5/23  
Date

FILED

**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717-787-1057  
[dos.pa.gov/BusinessCharities](http://dos.pa.gov/BusinessCharities)

**Regarding:** MIRON CM Inc  
**Request Type:** Subsistence Certificate **Issuance Date:** December 05, 2023  
**Request No.:** 026544629 **File No.:** 0006896440  
**Receipt No.:** 000794067  
**Filing Type:** Domestic Business Corporation  
**Filing Subtype:** Business  
**Initial Filing Date:** May 30, 2019  
**Status:** Active

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

I DO HEREBY CERTIFY THAT

MIRON CM Inc

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused the seal  
of my office to be affixed, the day and year  
above written

**Albert Schmidt**  
Secretary of the Commonwealth

Verify this certificate online at [www.file.dos.pa.gov](http://www.file.dos.pa.gov)

## COVER LETTER

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

SUBJECT: MIRON CM INC

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
-----------------------	---------

From: CONSTANTIN MIRON

Name (printed or typed)

Address

1903 N HERCULES AVE

City, State & Zip

CLEARWATER

Daytime Telephone Number

TAXSERVICEMASTERS@GMAIL.COM

E-mail address: (to be used for future annual report notification)