5/14/24, 2:01 PM

Division of Corporations



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nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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FLORIDA PROFIT/NON PROFIT CORPORATION MI ZONE SERVICES INC

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Corporate Filing Menu

Help



From: Yanet Avila

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

The name of the corpora	tion shall be: MI ZONE SERVICES	INC	
12950 BISCAYNE NORTH MIAMI, FL	Principal street address BLVD STE 210	<u> 12950</u>	Mailing address, if different is: BISCAYNE BLVD STE 210 H MIAMI, FL 33181
ARTICLE III PURPO	OSE the corporation is organized is: ANY ANE	D ALL LAWFUL	BUSINESS
			7-1 (m. m. m
	stock is: SHARES: 100 @ \$1.00	 , .	
	LANDER L. RIVADENEIRA ALVAREZ - P	Name and Title	·
Address	NORTH MIAMI, FL 33181	Address:	
Name and Title:		Name and Title	:
Address		Address:	
Name and Title:		Name and Title	
Address		Address:	

Name and Title:		Name and Title:		
Address		Address:		
	11-1-2-11-2-			
	REGISTERED AGENT prida street address (P.O. Box NOT acceptable) o	of the registered agent is:		
Name:	LANDER L. RIVADENEIRA ALVAR	REZ		
Address:	12950 BISCAYNE BLVD STE 210			
	NORTH MIAMI, FL 33181	·		
ARTICLE VII	<u>NCORPORATOR</u>			
The name and add	iress of the incorporator is:			
Name:	LANDER L. RIVADENEIRA ALVA	AREZ		
Address:	12950 BISCAYNE BLVD STE 21	10		
	NORTH MIAMI, FL 33181	_		
Effective date, if o	EFFECTIVE DATE; ther than the date of filing: the is listed, the date must be specific and cannot	. (OPTIONAL) not be more than five days prior or 90 days after the		
	nserted in this block does not meet the applicable fective date on the Department of State's records.	e statutory filing requirements, this date will not be listed a		
	ed as registered agent to accept service of process f miliar with and accept the appointment as registed	for the above stated corporation at the place designated in the cred agent and agree to act in this capacity		
Luis Landar Alvaroz (May 14, 2024 09:32 EDT) Required Signature/Registered Agent	Date		
	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felon	true. I am aware that the false information submitted in		
Required Signature		Date		
		202		