

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use as a cover sheet. (The fax audit number shown below) on the top and bottom of all pages of the document.

(((H24000239555 3)))



H240002395553ABC2

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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
MAYNOLDI SERVICES, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2024 JUL 15 PM 4:04

RECEIVED
DIVISION OF CORPORATIONS
JUL 15 2024

2024 JUL 15 PM 2:05

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Maynoldi Services, INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3735 NW 11 street;Miami, FL, zip code33126**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Jenny Aguilera Maynoldi
PRESIDENT**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

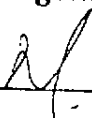
Jenny Aguilera Maynoldi3735 NW 11 streetMiami, FL, zip code 33126**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:JENNY AGUILERA MAYNOLDI3735 NW 11 STREETMIAMI FL 33126

2014 JUL 15 PM 2:06

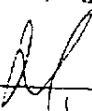
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Required Signatures:

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

Registered Agent  _____
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.

Incorporator  _____
Date