

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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**H2400062928**

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To:  
 Division of Corporations  
 Fax Number : (850)617-6381

From:  
 Account Name : DMG FINANCIAL SERVICES INC  
 Account Number : I20230000151  
 Phone : (305)595-2407  
 Fax Number : (305)595-2408

**\*\*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**  
**METF & LD INC**

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

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SEALING UNIT OF STATE  
TALLAHASSEE, FL

2024 OCT -9 PM 2:56  
 FLORIDA STATE  
 DEPT. OF STATE

RECEIVED

October 1, 2024

Department of State  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: METF & LD Inc

To whom it may concern:

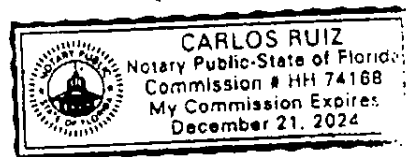
By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,



Marco E Teran Figueira



**COVER LETTER**

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

**SUBJECT:** METF & LD INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** DMG TAX SERVICES INC  
\_\_\_\_\_  
Name (Printed or typed)  
7750 SW 117TH AVE SUITE 203  
\_\_\_\_\_  
Address  
MIAMI FLORIDA 33183  
\_\_\_\_\_  
City, State & Zip  
305 595-2407  
\_\_\_\_\_  
Daytime Telephone number  
MARIAQUIROS9@HOTMAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

**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: METF & LD INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

853 SW 2ND STREET SUITE 210MIAMI FLORIDA 33130**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MARO E TERAN FIGUEIRA, PRES

Name and Title: \_\_\_\_\_

Address 853 SW 2ND STREET APT 210

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

MIAMI FLORIDA 33130

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

Date:

Printed:

Typed:

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

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OF STATE  
SEC. FL

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: MARCO E TERAN FIGUEIRA  
Address: 853 SW 2ND STREET APT 210  
MIAMI FLORIDA 33130

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: MARCO E TERAN FIGUEIRA  
Address: 853 SW 2ND STREET APT 210  
MIAMI FLORIDA 33130

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 10/12/2024 (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*

X   
\_\_\_\_\_  
Required Signature/Registered Agent

10/01/2024

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.*

X   
\_\_\_\_\_  
Required Signature/Incorporator

10/01/2024

Date

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SECRET