

Florida Department of State

Division of Corporations

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((H24000359256 3)))



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

From:

Account Name : ARES & COMPANY, C.P.A., P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

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

Email Address: juanvillatoro0722@gmail.com

RECEIVED
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TALLAHASSEE, FL

FLORIDA PROFIT/NON PROFIT CORPORATION

MIBRI SOLUTIONS CORP

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
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COVER LETTER

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

SUBJECT: MIBRI SOLUTIONS CORP
(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: MILTON A ARES
Name (Printed or typed)

3636 SW 87 AVE
Address

MIAMI, FL 33165
City, State & Zip

305-229-8256
Daytime Telephone number

JUANVILLATORO0722@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

((H24000359256 3))

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: MIBRI SOLUTIONS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
481 NW 53 AVE

Mailing address, if different is:

MIAMI, FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN VILLATORO, PRESIDENT

Name and Title: _____

Address: 481 NW 53 AVE

Address: _____

MIAMI, FL 33126

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: JUAN VILLATORO
 Address: 481 NW 53 AVE
MIAMI, FL 33126

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JUAN VILLATORO
 Address: 481 NW 53 AVE
MIAMI, FL 33126

2024 OCT 29 PM 1:02
 DEPT. OF STATE
 MIAMI, FL

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:

JUAN VILLATORO 10/28/2024
 Required Signature/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.

JUAN VILLATORO 10/28/2024
 Required Signature/Incorporator Date