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SECRE FARY OF STATE OF STATE OF CORPURATIONS OF CORPURATIONS OF CORPURATIONS

COVER LETTER

	egistration Section ivision of Corporations					
SUBJEC	T: Name of Corporat	INC.	clude suffix			
Dear Sir o	r Madam:					
			C A M. mail	tu Conduct its		
Affairs in	sed "Application by Foreign Not for Prot Florida", "Certificate of Existence", or "C e above referenced not for profit corpora	Certificate of	Status" and check	k are submitted to		
Please retu	urn all correspondence concerning this m	atter to the fo	ollowing:			
	NANCY MORA					
	Name	of Person				
	Firmv	Company				
			<u> </u>			
	1196 VETERANS MEMORIAL HWY SW					
		ddress				
	MABLETON GA 30126	and Zip Cod-				
	•	and Zip Cod	C			
	rosadaron2016@gmail.com E-mail address: (to be used for	e futuro annue	d rapart natitionti	(an)		
			ii report nouncau	(Mit)		
For furthe	er information concerning this matter, ple	ease call:				
NANCY	MORA at	404	337 0185			
	Name of Person	Area Code	Daytime Telep	phone Number		
	Tailing Address:		Address:			
	Registration Section Division of Corporations	Registration Section Division of Corporations				
P.O. Box 6327 The Centre of Tallahassee						
	fallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed	is a check for the following amount: ke check payable to: FLORIDA DEPARTN	1ENT OF STA	ATE			
	Filing Fee \$\Bigsup \\$78.75 Filing Fee &		Filing Fee &	■\$87.50 Filing Fee,		
	Certificate of Status		fied Copy	Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617,1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

		ORPORATED" or "CORPORATION" or words or abbreve corporation instead of a natural person or partnership if the used as a corporate suffix by a nonprofit corporation.	
(If name unav	allable in Florida, enter alternate corp	porate name adopted for the purpose of transacting busine	ss in Florida)
2 TEXAS	and a death of the latest the latest and the latest	rporated) (FEI number, if applicable)	
4. 01/26/2017	Date of Incorporation)	5. (Date of duration, if other than per	petual)
6. Olde first cond	lucted affairs in Florida if prior to regis	tration. See sections 617.1501 & 617.1502, F.S. to determin	ie penalty liability.)
7. <u>10373 SARAC</u>	SOTA RD FORT MYERS FL 33967 (Pr	incipal office street address)	
	·		N 4
1196 VETERA	ANS MEMORIAL HWY SW MABL	ETO GA 30126 ent mailing address, if different)	VISION SEC
	(Cunt	ent maining address, it differency	SECRETARY OF STATE WAS IN THE PROPERTY OF SORP STATION OF SORP STATION OF STATION OF SORP STATION OF STATION OF STATION OF SORP STATION OF STATION OF STATION OF STATION OF SORP STATION OF
f. 1	Charlettered by Hallettere	ar baratisar	三
8. Religious orga	corporation authorized in home state	or buying. or country to be carried out in the state of Florida)	
(rupose(s) ur	corporation authorized in none state	of country to the carried out in the state of Frontany	3
9. Name and <u>str</u>	reet address of Florida registered a	igent: (P.O. Box <u>NOT</u> acceptable)	2: C
			3 3
Name:	Leonel Lazcano Gomez		
Office Address:	. 18573 Sarasota Rd		
	Fort Myers	, Florida 33967	
	(City)	(Zip Code)	
10 D 14	At a second are seen		
Havino heen n	d agent's acceptance: amed as registered agent and to a	accept service of process for the above stated corpo	ration at the place
designated in the	his annlication. I hereby accept th	he appointment as registered agent and agree to ac Il statutes relative to the proper and complete perfo	t in this capacity. T
and I am famil	iar with and accept the obligation	us of my position as registered agent.	munice of my united
		Registred agent's signature)	_
	·	X [4.1]	
11 Attached is	s a certificate of existence duly at	thenticated not more than 90 days prior to delivery	of this application to

the Department of State, by the Secretary of State or other official having custody of corporate records in the

jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

Name:		Fernando Gomez
	□Chairman	Name:
Address: 472 S Liberty St	□Vice Chairman	Address: 228 Robert Dr
Elgin IL 60120	□Director	Elgin IL 60123
	□President	
	□Vice President	
☐Treasurer	□Secretary	Treasurer
Other:	□Other:	□Other:
Name: Leonel Lazano Gomes	Z □Chairman	Name:
Address: 18573 Sarasota Rd	□Vice Chairman	Address:
Fort Myers FL 33967	□Director	
<u> </u>	□President	
	□Vice President	
□Treasurer	□Secretary	□Treasurer
	□Other:	Other:
GABRIEL CASASOLA	□Chairman	Name:
1204 ARMSTRONG AVE	□Vice Chairman	Address:
KANSAS CITY KS 66102	□Director	
	□President	
	□Vice President	
□Treasurer	□Secretary	□Treasurer
☐ Other:	Other:	Other:
	Treasurer Other: Name: Leonel Lazano Gome	Elgin IL 60120 Director President Vice President Other:

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for M.I.E.P.I., INC. (file number 802633697), a Domestic Nonprofit Corporation, was filed in this office on January 25, 2017.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: January 26, 2017

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 07, 2024.



gave Belson

Jane Nelson Secretary of State