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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
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

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Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

Maynoldi Services, INC	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
3735 NY Mistreet;	
Miami, FL, Zipiode	
33126	
ARTICLE III SHARES: The number of shares of stock is: 100	·
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Jenny Aguilera Maynoldi PRESIDENT	
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 Agrilera Maynaldi	
Jenny Aquillera Maynoldi 3735 NW 11 Street	
Miami, FC, ZIP CODE 3312	6
	Sus State State
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: JENNU AGUILERA MAINOLAI	TITE PER PER PER PER PER PER PER PER PER PE
JENNY AGUILERA MAYNOLDI 3735 NW 11 STREET	. 15 X8X
MIAMI FL 33126	BH4 5
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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

Rogistered 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 (I.ate