

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

(((H13000120424 3)))



H130001204243ABCR

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 : EMPIRE CORPORATE KIT COMPANY
 Account Number : 072450003255
 Phone : (305) 634-3694
 Fax Number : (305) 633-9696

****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
MLM KOSHER TOURS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

13 JUN -3 PM 2:50

RECEIVED



June 3, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: MLM KOSHER TOURS, INC.
REF: W13000031843

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list at least one incorporator with a complete business street address.

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

FAX Aud. #: H13000120424
Letter Number: 913A00013782

P.O BOX 6327 - Tallahassee, Florida 32314

H13000120424

4

COVER LETTER

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

SUBJECT: MLM KOSHER TOURS, 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 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

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

FROM: ALEJANDRO FERRO
Name (Printed or typed)
3263 N.E. 166 STREET
Address
NORTH MIAMI BEACH, FLORIDA 33160
City, State & Zip
786-543-5991
Daytime Telephone number
A FERRO MD @ HOTMAIL .COM
E-mail Address: (to be used for future annual report notification)

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

H13000120424

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: MLM KOSHER TOURS, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address:

3263 NE 166 STREET
N. MIAMI BEACH FLORIDA
33160

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO RUN KOSHER TOURS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEJANDRO FERRO Name and Title: PRESIDENT

Address: 3263 N.E. 166 STREET Address: _____
N. MIAMI BEACH FL 33160

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SEAL OF THE
STATE OF
FLORIDA

13 JUN - 3 AM 9:39

FILED

H13000 120424

(cont.)

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: ALEJANDRO FERRO
Address: 3243 NE 166 STREET
N. MIAMI BEACH, FL 33160

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: ALEJANDRO FERRO
Address: 3243 NE 166 STREET
N. MIAMI BEACH, FL 33160

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

[Signature]
Required Signature/Registered Agent

5/30/13
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. 817.133, F.S.

[Signature]
Required Signature/Incorporator

5/30/13
Date

SECRET
DEPARTMENT OF STATE
WASHINGTON, FLORIDA

13 JUN -3 AM 9:39

FILED

H13000 120424