

ALWOODSIR

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100286442261

06/03/16--01016--001 \*\*78.75

SECRETARY OF STATE  
MAIL ROOM  
16 JUN 21 PM 4:44  
FILED

**COVER LETTER**

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

SUBJECT: M.O.M. TRADING CORPORATION  
(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: FEDERICO A. SAVINON  
Name (Printed or typed)

1100 SAINT CHARLES PLACE APT. D-522  
Address

PEMBROKE PINES, FLORIDA 33026  
City, State & Zip

(305) 790-2653  
Daytime Telephone number

MO@TRADING2016@EMAIL.COM  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 9, 2016

FEDERICO A. SAVINON  
1100 SAINT CHARLES PL APT D-522  
PEMBROKE PINES, FL 33026

SUBJECT: M.O.M. TRADING CORPORATION  
Ref. Number: W16000042381

We have received your document for M.O.M. TRADING CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jessica A Fason  
Regulatory Specialist II

Letter Number: 516A00012220

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

16 JUN 21 AM 9:05

RECEIVED

**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: M.O.M. TRADING CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1100 SAINT CHARLES PLACE ART. D-522  
PEMBROKE PINES, FLORIDA 33026

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: SALES

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: FEDERICO A. SAVINON PRESIDENT Name and Title: \_\_\_\_\_

Address 1100 SAINT CHARLES PL Address: \_\_\_\_\_

ART - D-522  
PEMBROKE PINES, FL 33026

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

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

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

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

FILED  
16 JUN 21 PM 4:16  
CLERK OF DISTRICT COURT  
FLORIDA

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: FEDERICO A-SAVINON  
Address: 1100 SAINT CHARLES PLACE APT. D-522  
PEMBROKE PINES, FL. 33026

**ARTICLE VII INCORPORATOR**

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

Name: FEDERICO A-SAVINON  
Address: 1100 SAINT CHARLES PLACE APT. D-522  
PEMBROKE PINES, FLORIDA 33026

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: MAY 25, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

Federico A. Savinon 5-25-16  
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.

Federico A. Savinon 5-25-16  
Required Signature/Incorporator Date