

P11000108178

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(Business Entity Name)

(Document Number)

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Effective Date Jan. 01, 2012

12/12/11--01019--009 \*\*79.00

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2011 DEC 22 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch DEC 27 2011

## COVER LETTER

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

**SUBJECT:** MOON DISTINCTIVE SURFACE KITCHEN & BATH, 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:** JUSCILAN OLIVEIRA SILVA

Name (Printed or typed)

419 FALLS OF VENICE CIRCLE

Address

VENICE, FL. 34292

City, State & Zip

941-822-5240

Daytime Telephone number

juscilansilva@hotmail.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

RECEIVED  
11 DEC 22 AM 10:29  
DIVISION OF CORPORATIONS

December 13, 2011

JUSCILAN OLIVEIRA SILVA  
419 FALLS OF VENCICE CIRCLE  
VENICE, FL 34292

SUBJECT: MOON DISTINCTIVE SURFACE KITCHEN & BATH, INC.  
Ref. Number: W11000062183

We have received your document for MOON DISTINCTIVE SURFACE KITCHEN & BATH, INC. and your check(s) totaling \$79.00. 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.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 511A00027790

*Note: Effective date is JAN 1st 2012*  
*J.O.S*

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:

MOON DISTINCTIVE SURFACE KITCHEN & BATH, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

419 FALLS OF VENICE CIRCLE  
VENICE, FL 34292

Mailing address, if different is:

Effective Date

Jan. 01, 2012

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

INSTALLATION, REPAIRS, AND MAINTENANCE SERVICES OF GRANITE, MARBLE KITCHEN AND BATH.

ADDITIONALLY, THIS CORPORATION MAY AND IS AUTHORIZED TO ENGAGE IN ANY ACTIVITY OF BUSINESS PERMITTED UNDER THE LAW OF THE UNITED STATES AND THE STATE OF FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is:

100. Shares of Common Stock

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

Name and Title: JUSCILAN OLIVEIRA SILVA, P.T. DIRET

Address: 419 FALLS OF VENICE CIRCLE  
VENICE, FL 34292

Name and Title:

Address:

Name and Title: JAMES BOUDREAU - DIRECTOR

Address: 1605 FALLS OF VENICE CIRCLE  
VENICE, FL 34292

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JUSCILAN OLIVEIRA SILVA  
Address: 419 FALLS OF VENICE CIRCLE  
VENICE, FL 34292

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JUSCILAN OLIVEIRA SILVA  
Address: 419 FALLS OF VENICE CIRCLE  
VENICE, FL 34292

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

Required Signature/Registered Agent

DEC. 8, 2011

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.

Required Signature/Incorporator

DEC. 8, 2011

Date

FILED

2011 DEC 22 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Note: The effective date to BEGIN OPERATING THIS CORPORATION WILL BE JAN 1st, 2012