

P/2000070499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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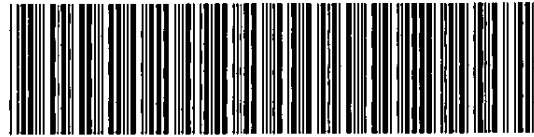
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

✓ 08/15/12

COVER LETTER

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

SUBJECT: Moda Envios 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: Roger O Oliva

Name (Printed or typed)

1534 SE Royal Green Circle Apt # F 205

Address

Port St Lucie, FL 34952

City, State & Zip

772-626-9276

Daytime Telephone number

dsincometaxservices@comcast.net

E-mail address: (to be used for future annual report notification)

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

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: Moda Envios Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
1534 SE Royal Green Circle
Apt # F-205
Port St Lucie, FL 34952

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To change from a "Fictitious Name" To A "Corporation" Change from "Moda Envios" With a Registration Number of "G12000044026" And Tax ID Number "45-5247853" To "Moda Envios Inc" with a new tax Id Number of "46-0737389" Please make the necessary changes

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Roger O Oliva (President)</u>	Name and Title: _____
Address: <u>1534 SE Royal Green Circle</u>	Address: _____
<u>Apt # F- 205</u>	_____
<u>Port St Lucie, FL 34952</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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:

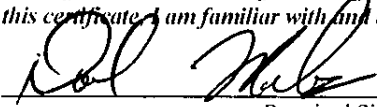
Name: Daniel Morales
Address: 1971 SE Port St Lucie Blvd
Port St Lucie, FL 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Roger O Oliva
Address: 1534 SE Royal Green Circle Apt F-205
Port St Lucie, FL 34952

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

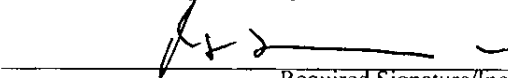


Required Signature/Registered Agent

08/08/2012

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

08/08/2012

Date

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