P1200099099

| • |
|---|
| (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: |
| CONSECUTATION BY PHONE TO |
| CONTRACTOR OF THE PARTY OF THE |
| |

Office Use Only



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DIVISION OF CORPORATIONS

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ALLAHARSIR PLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 6, 2012

EDWARDO MOJENA 2903 POINT EAST DR K201 AVENTURA, FL 33160

SUBJECT: MCM 2012

Ref. Number: W12000056387

We have received your document for MCM 2012 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 name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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

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 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.

Pamela Smith Regulatory Specialist II

Letter Number: 812A00026969

COVER LETTER

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

| SUBJECT: M.C.M 20 | 012 | |
|--|---|--|
| (PROPOSED CORPORA | TE NAMÈ – <u>MUST INCLI</u> | UDE SUFFIX) |
| Enclosed are an original and one (1) copy of the art | icles of incorporation and | a check for: |
| ☐ \$70.00 ☐ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED |
| ^ | Address Ovicla 33/6 State & Zip 954.328. elephone number | 60 ·1646 |
| Daytime/To Pepe — 60 E-mail address: (to be used) | | |

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

| | ARTICLES OF INCORPORT In compliance with Chapter 607 and/or Chapter 60 | PILED FILED SECRETARY OF STAID DIVISION OF CORPORATION | E IONS | |
|--|--|---|-----------|--|
| The name of the c | NAME orporation shall be: MCM2012COR | RP. 12 DEC -3 PM 2:4 | . 1 | |
| ARTICLE II | PRINCIPAL OFFICE Principal street address 709 No 26 AVE Holly wood FL 33020 | Mailing address, if different is: 709 N, 26 ave Holly wood FL 33020 | <u>2</u> | |
| ARTICLE III The purpose for v | PURPOSE which the corporation is organized is: | | | |
| ARTICLE IV The number of sha | SHARES ares of stock is: / O O | | | |
| ARTICLE V Name and T Address: | | me and Title:dress: | <u> </u> | |
| Name and T Address: | itle: Raphael Costillo Vicens Nam 805 NE 199 Street *103 Add Miami, FL 33179 | me and Title:dress: | | |
| Name and T Address: | itle: Eduardo Mo Jena Trasuver Nam 2903 Point East av K201 Add Aventus FLI 33/60 | | | |
| ARTICLE VI | REGISTERED AGENT | | | |
| The name and Fl Name: Address: | Tog Moterna JR. Tog Moterna JR. Tog Make ave Holly wood FL 23020 | egistered agent is: | | |
| ARTICLE VII The name and ad Name: Address: | INCORPORATOR Idress of the Incorporator is: So Se Mojerg Dr. TOG N 26 A 330 | 020 | | |
| 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 | | | | |
| 40 | Required Signature/Registered Agent | | <u>-</u> | |
| | Required Signature/Registered Agent | Date | | |
| I submit this document to the I | ument and affirm that the facts stated herein are true. Department of State constitutes athird degree felony as p | I am aware that the false information submitted provided for in s.817.155, F.S. | l in a | |

Required Signature/Incorporator