

Feb 8, 2013 12:20PM

No. 256

P130000013523

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : NELSON & ASSOCIATES, C.P.A., P.A.
Account Number : I20120000083
Phone : (305) 593-0829
Fax Number : (305) 593-8744

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: YNELSON@TAXNELSON.COM

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FLORIDA PROFIT/NON PROFIT CORPORATION
MC ITALIA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

ARTICLE I NAME MC ITALIA, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address
2750 NW 3RD AVENUE
SUITE 5
MIAMI, FL 33127

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MATTHEW CHEVALLARD	Name and Title: _____
Address: 2750 NW 3RD AVENUE	Address: _____
SUITE 5	_____
MIAMI, FL 33127	_____
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: NELSON & ASSOCIATES, CPA PA
Address: 1867 NW 87 AVE, SUITE 102
MIAMI, FL 33172

ARTICLE VII INCORPORATOR

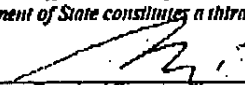
The name and address of the Incorporator is:
Name: MATTHEW CHEVALLARD
Address: 2750 NW 3RD AVE, SUITE 5
MIAMI, FL 33127

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

2-8-13
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.817.155, F.S.


Required Signature/Incorporator

2/4/2013
Date

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