

From:

Division of Corporations

9/05/2013 10:03 P.01/003

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000197526 3)))



H130001975263ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

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

FLORIDA PROFIT/NON PROFIT CORPORATION

Memusa Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
13 SEP -5 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
13 SEP -5 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB 9/6/13

From:

09/05/2013 11:57

#410 P.002/003

ARTICLES OF INCORPORATION

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

FILED

13 SEP -5 PM 12:19

ARTICLE I NAME

The name of the corporation shall be: Memusa Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

1525 Lakemont Avenue #102

Orlando, FL 32814

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For any and all purposes for which a corporation may be formed.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luciano Marcelo De Mello (DIRECTOR)

Name and Title: _____

Address: 1525 Lakemont Avenue #102

Address: _____

Orlando, FL 32814

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

From:

09/05/2013 11:57

#410 P.003/003

FILED

13 SEP -5 PM 12: 19

SECRETARY OF STATE^(cont.)
TALLAHASSEE, 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: Luciano Marcelo De Mello
Address: 1525 Lakemont Avenue #102
Orlando, FL 32814

ARTICLE VII INCORPORATOR

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

Name: Luciano Marcelo De Mello
Address: 1525 Lakemont Avenue #102
Orlando, FL 32814

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

09/04/2013

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.817.135, F.S.



Required Signature/Incorporator

09/04/2013

Date