

P 13000088525

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

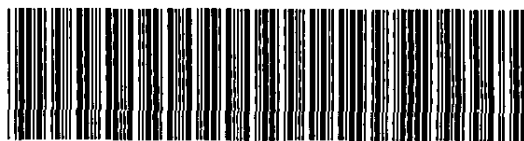
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Office Use Only

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W13000088525



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 OCT 28 PM 1:45

10/29/13

## COVER LETTER

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

SUBJECT: **MBC MULTISERVICES CORP.**

(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: **Marcia Huerta**

Name (Printed or typed)

**15339 ponce de leon ln**

Address

**Clermont**

City, State & Zip

**407-556-7528**

Daytime Telephone number

**munehuerta@gmail.com**

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

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DIVISION OF CORPORATIONS  
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**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 16, 2013

MARCIA HUERTA  
15339 PONCE DE LEON LN  
CLERMONT, FL 34714

SUBJECT: BC MULTISERVICES CORP.  
Ref. Number: W13000057570

We have received your document for BC MULTISERVICES CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 913A00024249

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DIVISION OF CORPORATIONS

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

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DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: **MBG MULTISERVICES CORP.**

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

15339 ponce de leon ln  
clermont, fl, 34714

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Real Estate, property managment, property sales and inversionist property buyers. Vacations packages, park tickets, hotels, condos and vacation homes.  
we'll be sale and provide these services to the customers.

**ARTICLE IV SHARES**

The number of shares of stock is: **500**

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

Name and Title: **Marcia Huerta. Director**

Name and Title: \_\_\_\_\_

Address **15339 ponce de leon ln**  
**clermont, fl,34714**

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

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: Marcia Huerta  
Address: 15339 ponce de leon ln  
clermont, fl, 34714

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

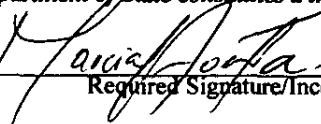
Name: Marcia Huerta  
Address: 15339 ponce de leon ln  
clermont, fl, 34714

*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

10-22-2013  
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.817.155, F.S.*

  
Required Signature/Incorporator

10-22-2013  
Date

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