

P 14000012094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

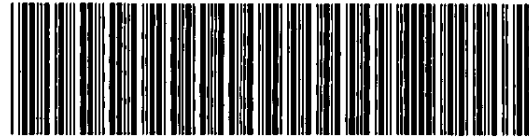
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W14000025027



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01/16/14--01004--001 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB -6 AM 11:39

gr 2/10/14

COVER LETTER

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

SUBJECT: Molluscure 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: Frank Almeida
Name (Printed or typed)

5349 Lk Jessamine Dr.
Address

Orlando, FL 32839
City, State & Zip

954-232-2433
Daytime Telephone number

FrankAlmeida@901.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2014

FRANK ALMEIDA
5349 LK JESSAMINE DRIVE
ORLANDO, FL 32839

SUBJECT: MOLLUSCURE INC.
Ref. Number: W14000005027

We have received your document for MOLLUSCURE INC. 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 document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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: 614A00001703

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DIVISION OF CORPORATIONS

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME
The name of the corporation shall be: MOLLUSCURE INC.

14 FEB -6 AM 11:39

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

5349 lake Jessamine Dr.
Orlando, Fl
32839

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to sell tropical plant extracts over the internet.

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Frank Almeida, President</u>	Name and Title:	_____
Address	<u>5349 Lake Jessamine Dr</u>	Address:	_____
	<u>Orlando, Fl</u>		_____
	<u>32839</u>		_____

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: Frank Almeida
Address: 5349 Lake Jessamine Dr.
Orlando, Fl 32839

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Frank Almeida
Address: 5349 Lake Jessamine Dr
orlando, Fl. 32839

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

2/3/14
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

2/3/14
Date

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