

PA000035392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

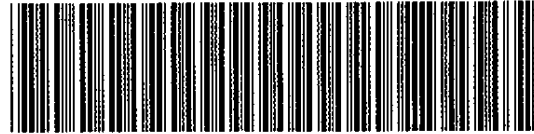
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 APR 18 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: **MBS Import 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  
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: **Michel B. Sauvage**

Name (Printed or typed)

**3880 Pembroke Rd**

Address

**Hollywood FL 33021**

City, State & Zip

**954 980 3111**

Daytime Telephone number

**mbs@mbsimport.us**

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

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

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

**ARTICLE I    NAME**

The name of the corporation shall be: MBS Import Corp

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Michel B. Sauvage

3880 Pembroke Rd

Hollywood FL 33021

Mailing address, if different is:

XXXXXXXXXXXXXXXXXXXX

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Import Food, wines, beer, from Europe

XX

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: Michel B. Sauvage CEO

Address: 604 NE 2nd Street

#329

Dania Beach FL 33004

Name and Title: XXXXXXXXXXXXXXXXXX

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

Name and Title: XXXXXXXXXXXXXXXXXX

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

Name and Title: XXXXXXXXXXXXXXXXXX

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

Name and Title: XXXXXXXXXXXXXXXXXX

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

Name and Title: XXXXXXXXXXXXXXXXXX

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

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TALLAHASSEE FLORIDA

(conti.)

Name and Title: XXXXXXXXXXXXXXXXXXXX Name and Title: XXXXXXXXXXXXXXXXXXXX  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Michel B. Sauvage  
Address: 604 NE 2nd Street #329  
Dania Beach FL 33004


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: same as above  
Address: \_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE FLORIDA

*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

04/18/2014  
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

04/18/2014  
Date