

PI40000046315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/29/14--01002--008 **78.75

FILED
14 MAY 27 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11114-27199

YMD 5/29

COVER LETTER

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

SUBJECT: **Moas Nutrition II 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **Carmen Moas**
Name (Printed or typed)
13280 SW 49th Court
Address
Miramar, Florida 33027
City, State & Zip
(305)333-5774
Daytime Telephone number
cmoas@att.net
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2014

CARMEN MOAS
13280 SW 49TH COURT
MIRAMAR, FL 33027

SUBJECT: MOAS NUTRITION II INC
Ref. Number: W14000027199

We have received your document for MOAS NUTRITION II 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 must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 614A00009214

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: Moas Nutrition II Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

13280 SW 49th Court
Miramar, Florida 33027

Mailing address, if different:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to sell natural nutrition products.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carmen Moas- President

Address: 13280 SW 49th Court
Miramar, Florida 33027

Name and Title: _____

Address: _____

Name and Title: Alberto Moas- Vice-President

Address: 13280 SW 49th Court
Miramar, Florida 33027

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

(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: Carmen Moas
Address: 13280 SW 49th Court
Miramar, Florida 33027

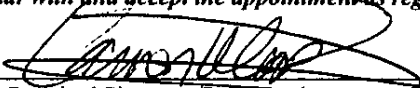
FILED
14 MAY 27 AM 9:07
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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

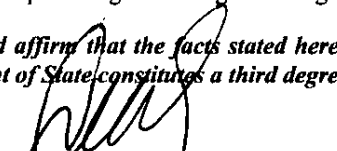
Name: Alberto Moas
Address: 13280 SW 49th Court
Miramar, Florida 33027

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

5/23/14
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

5-23-14
Date