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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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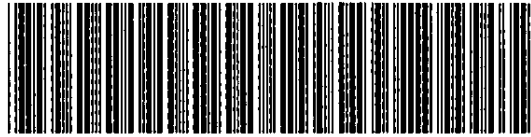
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED
14 JUN -9 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V/H

COVER LETTER

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

SUBJECT: **M. MONI 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: **M. MONI INC**

Name (Printed or typed)

1490 AVON LINE SUITE 38

Address

NORTH LAUDERDALE, FL 33068

City, State & Zip

954-865-4335

Daytime Telephone number

mmoniinc@yahoo.com

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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: M.MONI INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1490 Avon Line Suite 38

North Lauderdale, FL 33068

Mailing address, if different is:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Services Providers

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hicinio Umana Rivera

Name and Title: _____

Address 1490 Avon Line

Address: _____

Suite 38

N. lauderdale, FL 33068

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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AND
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(cont.)

Name and Title: _____ Name and Title: 14 JUN -9 PM 3:49
Address: _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Hicinio Umana Rivera
Address: 1490 Avon Line Suite 38
North Lauderdale, FL 33068

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Hicinio Umana Rivera
Address: 1490 Avon Line Suite 38
North Lauderdale, FL 33068

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

Hicinio Umana Rivera 06/01/2014
Required Signature/Registered Agent 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.

Hicinio Umana Rivera 06/14/2014
Required Signature/Incorporator Date