

P14000059019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

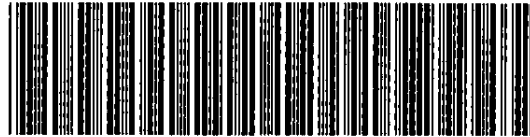
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14 JUL 10 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/11/14

COVER LETTER

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

SUBJECT: **ASC 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: **AMANDA DA FONSECA COSTA**

Name (Printed or typed)

5049 SHOREWAY LOOP # 308

Address

ORLANDO, FLORIDA 32819

City, State & Zip

407-485-4854

Daytime Telephone number

SARACOSTA0@YAHOO.COM

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL 10 PM 12:31

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2014

ASC CORP. 2ND MAILING
POST OFFICE BOX 692376
ORLANDO, FL 32869

SUBJECT: ASC CORP.
Ref. Number: W14000034376

JUST
CORRECTED

ON 7.7.14

REC'D

14 JUL 10 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORRECTED TO AS COSTA CORP.

We have received your document for ASC CORP. and your check(s) totaling \$87.50. 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.

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: 114A00011919

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2014

AMANDA DA FONSECA COSTA
5049 SHOREWAY LOOP #308
ORLANDO, FL 32819

SUBJECT: ASC CORP.
Ref. Number: W14000034376

We have received your document for ASC CORP. and your check(s) totaling \$87.50. 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.

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Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 114A00011919

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
14 JUL 10 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

~~AS COSTA CORP~~ AS COSTA CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

AMANDA DA FONSECA COSTA

5049 SHOREWAY LOOP # 308

ORLANDO, FLORIDA 32819

Mailing address, if different is:

PO BOX 692376

ORLANDO, FLORIDA 32869

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GENERAL SERVICES

PERFORM ASSISTANCE TO BRAZILIAN TOURISTS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AMANDA DA FONSECA COSTA - P

Address: 5049 SHOREWAY LOOP # 308
ORLANDO, FLORIDA 32819

Name and Title: SARA B. DA FONSECA COSTA - VP

Address: 5049 SHOREWAY LOOP # 308
ORLANDO, FLORIDA 32819

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(cont.)

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: AMANDA DA FONSECA COSTA
Address: 5049 SHOREWAY LOOP # 308
ORLANDO, FLORIDA 32819

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AMANDA DA FONSECA COSTA
Address: 5049 SHOREWAY LOOP # 308
ORLANDO, FLORIDA 32819

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

Amanda Costa 5-28-14
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.

Amanda Costa 5-28-14
Required Signature/Incorporator Date

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TALLAHASSEE, FLORIDA