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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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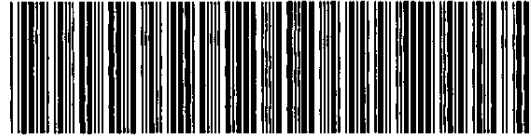
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 28 PM 1:40

APPROVED
AND
FILED

1/4

COVER LETTER

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

SUBJECT: Santa Monica Specialty Coffees, 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 Marcelo Avedikian Moscofian

Name (Printed or typed)

1680 Michigan Ave. Suite 700

Address

Miami Beach, FL 33139

City, State & Zip

(305) 778-9708

Daytime Telephone number

marcelo@cafesantamonica.com.br

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

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Part 1)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Santa Monica Specialty Coffees, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1680 Michigan Ave, Suite 700
Miami Beach, FL 33139

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Importers and distributors of coffee

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Arthur Moscofian Jr., President

Address: 1680 Michigan Ave, Suite 700
Miami Beach, FL 33139

Name and Title: Monica Avedikian Moscofian, Vice Pre

Address: 1680 Michigan Ave, Suite 700
Miami Beach, FL 33139

Name and Title: Marcelo Avedikian Moscofian, Treasurer

Address: 1680 Michigan Ave, Suite 700
Miami Beach, FL 33139

Name and Title: Alexandre Avedikian Moscofian, Direc

Address: 1680 Michigan Ave, Suite 700
Miami Beach, FL 33139

Name and Title:

Address:

Name and Title:

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Leslie D. Mascarenhas
Address: 1130 11th Street, Suite 4E
Miami Beach, FL 33139

ARTICLE VII INCORPORATOR

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

Name: Marcelo Avedikian Moscofian
Address: 1680 Michigan Ave, Suite 700
Miami Beach, FL 33139

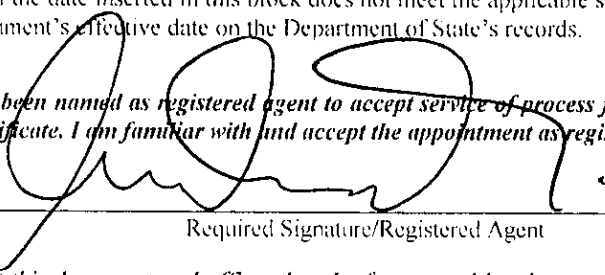
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

7/23/2015

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.

Marcelo A. Moscofian

Required Signature/Incorporator

7/23/2015

Date