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Florida Department of State
Division of Corporations
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Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

M&P Consulting and Financial Services, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

99691
9/1/11

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Corporate Filing Menu

Help

H15000209 797

COVER LETTER

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

SUBJECT: M&P Consulting and Financial Services, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Stewart G. Liebling, P.A.

Name (Printed or typed)

6705 Red Road, Suite 608

Address

Coral Gables, FL 33143

City, State & Zip

305-663-5313

Daytime Telephone number

pmd2202@yahoo.com.br

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: M&P Consulting and Financial Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

20533 Biscayne Blvd.

Suite #4-986

Aventura, FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paulo Diarra, Director

Name and Title: _____

Address 21050 N.E. 38th Ave.

Address: _____

Unit 2301

Aventura, FL 33180

Name and Title: Makanjila Kumba, Director

Name and Title: _____

Address 20533 Biscayne Blvd.

Address: _____

Suite #4-986

Aventura, FL 33180

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF STATE
AT TAMPA 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: Paulo Diarra
Address: 21050 N.E. 38th Ave., #2301
Aventura, FL 33180

ARTICLE VII. INCORPORATOR

The name and address of the Incorporator is:

Name: Paulo Diarra
Address: 21050 N.E. 38th Ave., #2301
Aventura, FL 33180

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

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

Date

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