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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAR 14 AM 10:37

## COVER LETTER

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

**SUBJECT:** MUODIKAS 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

PS CK# 1017

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

**ADDITIONAL COPY REQUIRED**

FROM: Lina Contento  
\_\_\_\_\_  
Name (Printed or typed)  
  
14725 SW 154th Ct  
\_\_\_\_\_  
Address  
  
Miami, FL 33196  
\_\_\_\_\_  
City, State & Zip  
  
(786)306-7440  
\_\_\_\_\_  
Daytime Telephone number  
  
MuodikasInc@gmail.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)

### ARTICLE I NAME

Muodikas Inc

The name of the corporation shall be: \_\_\_\_\_

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14725 SW 154th Ct

Miami, fl 33196

### ARTICLE III PURPOSE

Any and all lawful activities or business

The purpose for which the corporation is organized is: \_\_\_\_\_

### ARTICLE IV SHARES

500

The number of shares of stock is: \_\_\_\_\_

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lina Paola Contento - President

Name and Title: \_\_\_\_\_

Address 14725 SW 154th Ct

Address: \_\_\_\_\_

Miami, Fl 33196

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAR 14 AM 10:37

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: \_\_\_\_\_  
Lina Paola Contento

Address: \_\_\_\_\_  
14725 SW 154th Ct

\_\_\_\_\_  
Miami, Fl 33196

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_  
Lina Paola Contento

Address: \_\_\_\_\_  
14725 SW 154th Ct

\_\_\_\_\_  
Miami, Fl 33196

**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

\_\_\_\_\_  
March 8, 2016  
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

\_\_\_\_\_  
March 8, 2016  
Date