

P14 0000 35321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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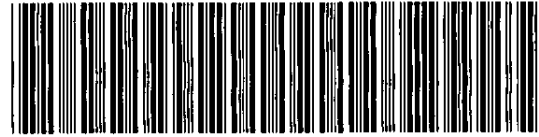
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/18/16--01022--008 **78.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR 18 PM 9:51

COVER LETTER

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

16 APR 18 PM 9:51

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

SUBJECT: MOSSMORE 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: GINO GAMBINI

Name (Printed or typed)

6340 7 Th Ave West

Address

Bradenton, FL 34209

City, State & Zip

804-399-4878

Daytime Telephone number

khalicilar@msn.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

The name of the corporation shall be: MOSSMORE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1135-1137 53 Rd Ave West Bradenton, FL 34207

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to operate the retail business and any and all lawful business.

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GINO GAMBINI Name and Title: _____

Address 6340 7 Th Ave West Address: _____
Bradenton, FL 34209

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: GINO GAMBINI

Address: 6340 7 Th Ave West

Bradenton, FL 34209

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GINO GAMBINI

Address: 6340 7 Th Ave West

Bradenton, FL 34209

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/18/2016 (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

GINO GAMBINI
Required Signature/Registered Agent

04/18/2016
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.

GINO GAMBINI
Required Signature/Incorporator

04/18/2016
Date

FILED
CLERK OF COURT
DIVISION OF CORPORATIONS
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