

PI6000037366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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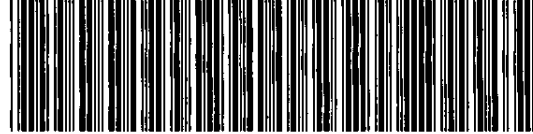
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
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COVER LETTER

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

SUBJECT: MTBSW 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: STEFANO SIRAGUSA

Name (Printed or typed)

18679 WEST DIXIE HIGHWAY

Address

MIAMI, FL 33180

City, State & Zip

786 693 3513

Daytime Telephone number

stefano@mariothcbakerpizza.com

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

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STATE
DIVISION OF CORPORATIONS
APR 16 2008

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: MTBSW INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

10741 WEST FLAGLER STREET

MIAMI, FL 33174

Mailing address, if different is:

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEFANO SIRAGUSA, PD

Address 18679 WEST DIXIE HIGHWAY

MIAMI, FL 33180

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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OF
FLORIDA
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Name and Title: Stefano Siragusa Pres. Name and Title: _____
Address: 18679 W. Dixie Address: _____
Miami FL 33180 _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: STEFANO SIRAGUSA
Address: 18679 WEST DIXIE HIGHWAY
MIAMI, FL 33180

ARTICLE VII INCORPORATOR

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

Name: STEFANO SIRAGUSA
Address: 18679 WEST DIXIE HIGHWAY
MIAMI, FL 33180

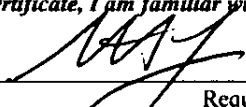
ARTICLE VIII EFFECTIVE DATE:

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

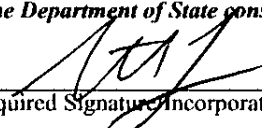
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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 4-13-16 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 4-13-16 Date

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SEC. OF STATE
TALLAHASSEE, FL