

P/6000050504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

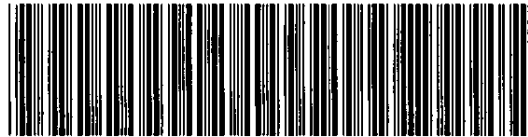
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/06/16--01038--008 **78.75

15 JUN -5 PM 2:52

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U.S. DEPT. OF JUSTICE
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JUN 6 2016

K 06/09/16

COVER LETTER

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

SUBJECT: MFS NAPLES, 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: MICHAEL JEANVEGA

Name (Printed or typed)

5071 31ST PLACE SW

Address

NAPLES, FL 34116

City, State & Zip

239-961-7326

Daytime Telephone number

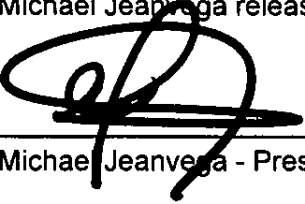
restaurantmartinfierro@yahoo.com

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

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

(PI4-101297)

I Michael Jeanvega release the name MFS Naples, Inc. to be reused.



Michael Jeanvega - Pres. 5/31/2016

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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: MFS NAPLES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5071 31 ST PLACE SW

NAPLES, FL 34116

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CAFE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL JEANVEGA - PRES

Name and Title: _____

Address 5071 31ST PLACE SW

Address: _____

NAPLES, FL 34116

Name and Title: ROSA ARGELIS - VP

Name and Title: _____

Address 5071 31ST PLACE SW

Address: _____

NAPLES, FL 34116

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: MICHAEL JEANVEGA
Address: 5071 31ST PLACE SW
NAPLES, FL 34116

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MAY 11 2016
10:00 AM - 5 PM 2:52

ARTICLE VII INCORPORATOR

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

Name: MICHAEL JEAN VEGA
Address: 5071 31ST PLACE SW
NAPLES, FL 34116

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

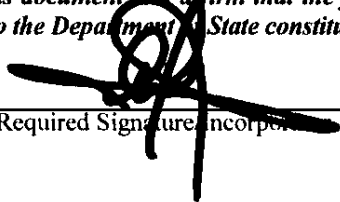


Required Signature/Registered Agent

5/31/2016

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

5/31/2016

Date