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(Requestor's Name)

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(Business Entity Name)

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STATE OF MICHIGAN

## COVER LETTER

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

**SUBJECT:** MONTECARLO CAY 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:** GISELLE SANTALUCCI

Name (Printed or typed)

2121 SW 151ST PL

Address

MIAMI FL 33185

City, State & Zip

786-374-6890

Daytime Telephone number

GISAMO36@HOTMAIL.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: MONTECARLO CAY, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2121 SW 151ST PL

-SAME-

MIAMI FL 33185

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: GISELLE SANTALUCCI, PRESIDENT

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

Address 2121 SW 151ST PL

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

MIAMI FL 33185

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

19 AUG 11 AM 11:20  
RECEIVED  
CLERK OF DISTRICT COURT  
JULIA A. HARRIS

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: CARLOS A. GIL  
Address: 3910 W. FLAGLER ST.  
MIAMI FL 33134

**ARTICLE VII INCORPORATOR**

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

Name: GISELLE SANTALUCCI  
Address: 2121 SW 151ST PL  
MIAMI FL 33185

**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

8/8/2016  
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.

Giselle Santalucci  
\_\_\_\_\_  
Required Signature/Incorporator

08/04/2016  
\_\_\_\_\_  
Date