

P16000079620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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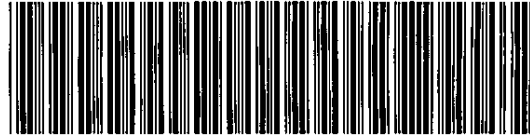
(Business Entity Name)

(Document Number)

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16 SEP 29 AM 10:48
SEC. OF STATE
TALLAHASSEE, FLORIDA

9/30/16

COVER LETTER

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

SUBJECT: MINNAS FOOD CORP.

(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

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

ADDITIONAL COPY REQUIRED

FROM: Marcelo Leal
Name (Printed or typed)
8220 NW 30th Terrace
Address
Doral Florida 33122
City, State & Zip
305-639-2749
Daytime Telephone number
mleal@accessbr.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: MINNAS FOOD INC.

16 SEP 29 AM 10:40

ARTICLE II PRINCIPAL OFFICE

Principal street address
8220 NW 30TH TERRACE
DORAL, FL 33122

Secretary of State
TALLAHASSEE FLORIDA
Mailing address, if different is
8220 NW 30TH TERRACE
DORAL, FL 33122

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: IMPORT AND EXPORT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michele de Campos Santos - Director

Address 8220 NW 30th Terrace
Doral, FL 33122

Name and Title: Marcelo Augusto Oliveira de Melo Dir

Address: 8220 NW 30th Terrace
Doral, FL 33122

Name and Title: Benito Costa Junior - Director

Address 8220 NW 30th Terrace
Doral, FL 33122

Name and Title: _____

Address: _____

Name and Title: _____

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: Marcelo Leal
Address: 8220 NW 30th Terrace
Doral, FL 33122

ARTICLE VII INCORPORATOR

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

Name: Michele de Campos Santos
Address: 8220 NW 30th Terrace
Doral, FL 33122

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

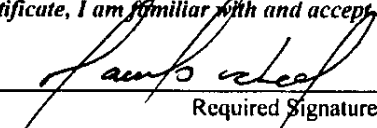
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 23 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

X 
Required Signature/Registered Agent

09/23/2016
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.

X 
Required Signature/Incorporator

09/23/2016
Date