

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : GOTO ENTERPRISES LLC
Account Number : I20160000055
Phone : (954)369-4444
Fax Number : (954)369-4446

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

MMP Business Invest Corp

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

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APR 10 2017

T. SCOTT

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: **MMP Business Invest Corp**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1660 W Hillsboro Blvd

Deerfield Beach, FL 33442

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Lawful Business

RECEIVED
AND
FILED
17 APR - 7 AM 8:46
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name	Address	Share
Mario Macieira Padovani President / Director	Rua das Acacias # 645, Residencial das Flores Alphaville Nova Lima/MG 34018-094 Brazil	10%
MP Participacao e Patrimonio Eireli (entity) Treasurer	Avenida Joao Cesar de Oliveira # 1208, Sala 306 Eldorado Contagem/MG 32315-000 Brazil	90%

ARTICLE VI REGISTERED AGENT

Name	Address
Mario Macieira Padovani	1660 W Hillsboro Blvd Deerfield Beach, FL 33442

ARTICLE VII INCORPORATOR

Name	Address
Mario Macieira Padovani	Rua das Acacias # 645, Residencial das Flores Alphaville Nova Lima/MG 34018-094 Brazil

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 days prior or 90 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

Mario Macieira Padovani

Required Signature/Registered Agent

Date 4/4/2017

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.

Mario Macieira Padovani

Required Signature/Incorporator

Date 4/4/2017