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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : TIMELINE BUSINESS CENTER LLC
Account Number : 120150000034
Phone : (239) 344-7417
Fax Number : (888) 344-7262

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 SEP 13 AM 10:32

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

Email Address: JOAO.HENRIQUES409@GMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
COSTA STONES INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: COSTA STONES 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 ☐ \$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: TIMELINE BUSINESS CENTER LLC

Name (Printed or typed)

8981 DANIELS CENTER DR 208

Address

FORT MYERS, FL 33912

City, State & Zip

(239) 344-7417

Daytime Telephone number

joaohenrique5409@gmail.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: COSTA STONES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

3704 BROADWAY APT 203
FORT MYERS, FL 33901

Mailing address, if different is:

3704 BROADWAY APT 203
FORT MYERS, FL 33901

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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOAO H COSTA - PRESIDENT Name and Title: _____

Address: 3704 BROADWAY APT 203 Address: _____
FORT MYERS, FL 33901

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: TIMELINE BUSINESS CENTER LLC
Address: 8981 DANIELS CENTER DR# 208
FORT MYERS, FL 33912

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ISMAEL CARDOSO
Address: 8981 DANIELS CENTER DR# 208
FORT MYERS, FL 33912

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

Required Signature Registered Agent

09/07/2017

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

09/07/2017

Date