

P17000087470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

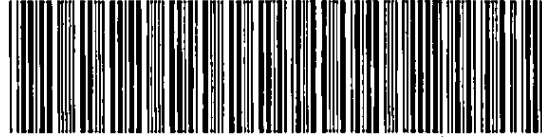
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300305008693

10/30/17--01013--010 **70.00

RECEIVED
17-OCT-30-AM 10:49
FILING OFFICE

FILED

OCT 31 2017

K. Brumbley

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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

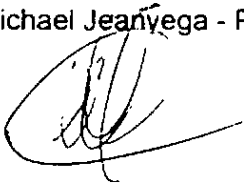
☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: MICHAEL JEANVEGA
Name (Printed or typed)
5071 31ST PL SW
Address
NAPLES, FL 34116
City, State & Zip
239-961-7326
Daytime Telephone number
restaurantmartinferro@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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

Michael Jeanyega - Pres

A handwritten signature in black ink, appearing to be 'Michael Jeanvega', written over a horizontal line.

10/23/2017

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 31ST PL 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 PL SW

Address:

NAPLES, FL 34116

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
17-OCT-30-AM 10:42
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF CLAY, FLORIDA

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 JEANVIGA _____

Address: 5071 31ST PL SW _____

NAPLES, FL 34116 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL JEANVEGA _____

Address: 5071 31ST PL 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 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

10/23/2017

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

10/23/2017

Date