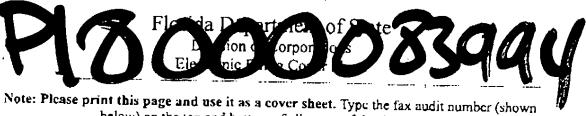
Division of Corporations



below) on the top and bottom of all pages of the document.

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From:

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: (813)884-0263

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FLORIDA PROFIT/NON PROFIT CORPORATION MF COSTA SERVICES INC

Certificate of Status	0
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C Kinsey

AFFIDAVIT

October 8, 2018

Re: MF COSTA SERVICES INC, Document Number P15000073465

To: Florida Department of State, Division of Corporation

I hereby attest to release the name MF COSTA SERVICES INC to be filed to a new document; the officers are the same to be included in this new filing.

See Article of Incorporation attached

Regards,

Mariana Semeghini da Costa

Vice President

COVER LETTER

Department of State New Filing Section
Division of Corporations P. O. Box 6327 Tallahassoe, Ft. 32314

SUBJECT: MF CO	OSTA SERVICES INC			
	(PROPOSED CORPORA	TE NAME – MÛST INCL	UDE SUFFIX)	
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation an	d a check for:	
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fce. Certified Copy & Certificate of Status	
		ADDITIONAL CO	r required	
FROM: _	ARIANA H SEMEGHINI DA COST.	A (Printed or typed)		
883	9 POE DR	(1 miles of types)		
Address				
TA	MPA FL 33615			
_	City, State & Zip			
813	-400-8218			
_	Daytime To	elephone number		
FM	DACOSTA47@HOTMAIL.COM		!	
	E-mail address: (to be used	for future annual report n	otitication)	

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)

ICLE II - P.O.	UNCIPAL OFFICE		
	Principal street address	Muiling ad	dress, if different is:
POE DR			dress, it different (s)
4PA FL 33615			
			
	_	·	
ICLE III PU	RPOSE		
purpose for whi	ich the corporation is organized is:	— — <u> </u>	
′ AND ALL L/ 	AMPUL BUSINESS	·	
			** (T)
<u>_</u> _			
_			<u> </u>
			160 mm
			
			3 v
	ARES s of stock is:	-	
umber of shares	ARES 1000 s of stock is: TIAL OFFICERS AND/OR DIRECTORS	_	,
Umber of shares CLE V INI Name and T	ARES s of stock is:	_	,
umber of shares	ARES 1000 TIAL OFFICERS AND/OR DIRECTORS TILE: ARAUJO DA COSTA, FERNANDO (8829 POE DR	P) Name and Title:	,
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Name a	and Title:	Name and Title:
Addre	ss	Address:
		
	-	
	-	
ARTICLE VI		
Name:	Flurida street address (P.O. Box NOT acceptable MARIANA SEMEGHINI DA COSTA	c) of the registered agent is:
Address:	8829 POE DR	- • ,
	TAMPA FL 33615	
		· _
	INCORPORATOR	
The game and a	ddress of the Incorporator is:	
Name:	MARIANA SEMEGHINI DA COSTA	
Address:	8829 POE DR	·
	TAMPA FL 33615	
Effective date, if	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and can	not be more than five days print or 90 days after the
Note: If the date the document's e	inserted in this block does not meet the applicate ffective date on the Department of State's record	old statutory filing requirements, this date will not be listed as s.
Having been num this certificate, I	ned as registered agent to accept service of procum familiar with and accept the appointment as to	ess for the above stated corporation ut the place designated in registered agent and agree to act in this capacity
	Sota	
	Required Signature/Registered Agent	Date
I submit this doc document to the 1	ument and affirm that the facts stated herein a Department of State constitutes a third degree fel-	re true. I am aware that the false information submitted in a
	Doto	, 1
Requir	ed Signature/Incorporator	