

Division of Corporations

P1800083994

Florida Department of State
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To:

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Fax Number : (850)617-6381

From:

Account Name : DDS TAMPA TAX SERVICE
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Phone : (813)882-8426
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: FM DACOSTA 47@hotmail.com

FILED
18 OCT -8 AM 10:59
SECRETARY OF STATE
TAMPA, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
MF COSTA SERVICES INC

Certificate of Status	0
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OCT 15 2018
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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
Tallahassee, FL 32314

SUBJECT: MF COSTA SERVICES 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: MARIANA H SEMEGHINI DA COSTA

Name (Printed or typed)

8329 POE DR

Address

TAMPA FL 33615

City, State & Zip

813-400-8218

Daytime Telephone number

FMDACOSTA47@HOTMAIL.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 NAMEThe name of the corporation shall be: FM COSTA SERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address8829 POE DRTAMPA FL 33615

Mailing address, if different is:

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: ARAUJO DA COSTA, FERNANDO (P)Address: 8829 POE DRTAMPA FL 33615

Name and Title: _____

Address: _____

Name and Title: Semeghini Da Costa, Mariana (VP)Address: 8829 POE DRTAMPA FL 33615

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
TAMPA FL 33615

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: MARIANA SEMEGHINI DA COSTA
Address: 8829 POE DR
TAMPA FL 33615

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIANA SEMEGHINI DA COSTA
Address: 8829 POE DR
TAMPA FL 33615

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

Costa
Required Signature/Registered Agent

10/8/2018
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.

Costa
Required Signature/Incorporator

10/8/2018
Date