

P20000003506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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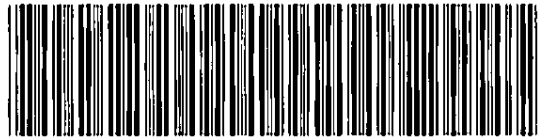
(Business Entity Name)

(Document Number)

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2020 JAN 21 10:10:14

SECRETARY OF STATE  
TALLAHASSEE, FL 32310-0102

2020 JAN 21 AM 10:28

FILED

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 145435 7634212

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 70.00

ORDER DATE : January 17, 2020

ORDER TIME : 9:24 AM

ORDER NO. : 145435-005

CUSTOMER NO: 7634212

DOMESTIC FILING

NAME: MAHORE CONSULTING CORP.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

**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: MAHORE CONSULTING CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

13627 Deering Bay Dr. #902

13627 Deering Bay Dr. #902

Coral Gables, FL, 33158

Coral Gables, FL, 33158

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any lawful purpose

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 shares of \$1.00 each

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MARCOS HOKUMURA REIS - D/P

Name and Title: \_\_\_\_\_

Address 13627 Deering Bay Dr. #902

Address: \_\_\_\_\_

Coral Gables, FL, 33158

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2020 JAN 21 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, 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: MARCOS HOKUMURA REIS  
Address: 13627 Deering Bay Dr. #902  
Coral Gables, FL. 33158

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARCOS HOKUMURA REIS  
Address: 13627 Deering Bay Dr. #902  
Coral Gables, FL. 33158

**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

01/16/2020

\_\_\_\_\_  
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

01/16/2020

\_\_\_\_\_  
Date