

P20000037793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



☒ PICK-UP

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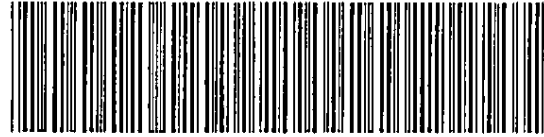
(Business Entity Name)

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Department of State

Division of Corporations

Stealth Courier LLC

1531 Commonwealth Business Dr.

Ste 105

Tallahassee, Fl. 32303

850-294-5632

## Stealth Courier Box

Company: Nelson Mogn & Meurys Zacarias Co.

Requester: Corp. Svcs Intl

## COVER LETTER

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

**SUBJECT:** NELSON MOGNA & MEURYS ZACARIAS CO  
(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:** CORP SVCS INTL

Name (Printed or typed)

7050 W PALMETTO PARK ROAD. #15-300.

Address

BOCA RATON , FL 33433

City, State & Zip

561 403 9084

Daytime Telephone number

OPERATIONS@CORPSVCSINTL.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 NELSON MOGNA & MEURYS ZACARIAS CO

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5550 GLADES ROAD. #300.

7050 W PALMETTO PARK ROAD. #15-300.

BOCA RATON, FL 33431

BOCA RATON, FL 33433

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

INTERNATIONAL WHOLESALE DISTRIBUTION OF RESTAURANT EQUIPMENT AND SUPPLIES

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**ARTICLE IV SHARES**

The number of shares of stock is: 1,500

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

Name and Title: FRANCO, WALTER J. PRESIDENT.

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

Address 19712 DINNER KEY DRIVE.

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

BOCA RATON, FL 33498

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

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

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

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

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 CARLA MARCELO  
Address 7050 W PALMETTO PARK ROAD. #15-300.  
BOCA RATON, FL 33433

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name PATRICIO FRIAS  
Address: 7050 W PALMETTO PARK ROAD. #15-300.  
BOCA RATON, FL 33433

**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  
MAY 23, 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  
MAY 23, 2020  
Date