

Florida Department of State

P2100030657

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((H21000129900 3)))



H210001299003ABCV

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EXPERTAX
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Phone : (407)777-7470
Fax Number : (321)206-9743

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
MSBY ENTERPRISE CORP**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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2021 APR -6 PM 2:24
CORPORATIONS
COMMERCIAL
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2021 APR -6 PM 10:20
TALLAHASSEE, FLORIDA

H210001299003

COVER LETTER

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

SUBJECT: MSBY ENTERPRISE CORP

(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: VILLAR ORTIZ, DAYSIL
Name (Printed or typed)
6838 AXIS WEST CIR APT 2424
Address
ORLANDO, FL 32821
City, State & Zip
407-2713695
Daytime Telephone number
E-mail address: (to be used for future annual report notification)

TALLAHASSEE, FL 32314

2021 APR -6 PM 10:20

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

H210001299003

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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: MSBY ENTERPRISE CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6838 AXIS WEST CIR APT 2424

6838 AXIS WEST CIR APT 2424

ORLANDO, FL 32821

ORLANDO, FL 32821

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT

Name and Title: _____

Address VILLAR ORTIZ, DAYSIL

Address: _____

6838 AXIS WEST CIR APT 2424

ORLANDO, FL 32821

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

H210001299003

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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: VILLAR ORTIZ, DAYSIL
Address: 6838 AXIS WEST CIR APT 2424
ORLANDO, FL 32821

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VILLAR ORTIZ, DAYSIL
Address: 6838 AXIS WEST CIR APT 2424
ORLANDO, FL 32821

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
Date 3/31/21

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
Date 3/31/21

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