

P21000057661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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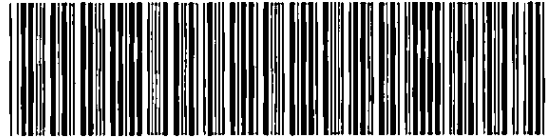
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUN 17 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2021 JUN 17 PM 5:00
TALLAHASSEE, FLORIDA

6/16/21

COVER LETTER

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

SUBJECT: Moka - Moka 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 ☐ \$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: Mayela Moran
Name (Printed or typed)

PO Box 248657
Address

Coral Gables, FL 33124
City, State & Zip

786-812-8831
Daytime Telephone number

mayelamoran777@gmail.com
E-mail address: (to be used for future annual report notification)

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Moka - Moka Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3479 NE 163rd St

#1156 North Miami Beach, FL 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All lawful purpose.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juan Manuel Loubet - President Name and Title: _____

Address 3479 NE 163rd St Address: _____

#1156

North Miami Beach, FL 33160

Name and Title: Paulette Goya - Secretary Name and Title: _____

Address 3479 NE 163rd St. Address: _____

#1156

North Miami Beach, FL 33160

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FL

FILED

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: Paulette Goya
Address: 3479 NE 163rd St #1151
North Miami Beach, FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Juan Manuel Loubet
Address: 3479 NE 163rd St #1151
North Miami Beach, FL

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/07/21 (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

Paulette Goya 6/10/21
Required Signature/Registered Agent 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.

Juan Manuel Loubet 6/10/21
Required Signature/Incorporator Date