

P22000054604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

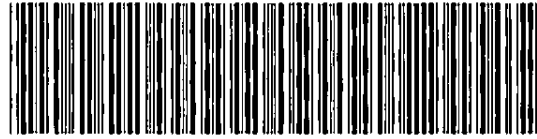
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500389832895

06/29/22--01029--021 **78.75

RECEIVED

2022 JUN 29 PM 2:47

ALLAHASSEE, FL 01

RECEIVED

2022 JUL -8 AM 8:16

U.S. DISTRICT COURT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2022 JUL -8 PM 2:30

June 30, 2022

CAPITAL CONNECTION

SUBJECT: M&A CS CORP
Ref. Number: W22000087687

We have received your document for M&A CS CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 222A00014810

2022 JUL -8 AM 8:16
DIVISION OF STATE
CORPORATIONS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

M&A GENERAL CS CORP

Signature _____

Requested by: SETH

07/08

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

~~____~~ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

2007 JUL -8 AM 8:15

1-1-07

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

The name of the corporation shall be M&A GENERAL CS CORP

Principal street address	Mailing address, if different is:
2121 PONCE DE LEON BLVD., STE. 1050	
CORAL GABLES, FL 33134	

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

The number of shares of stock is: 100 SHARES

Name and Title: INGRID REGINA ALFARO – PD	Name and Title: <u>NELSON ORLANDO MORENO - SD</u>
Address: <u>2121 Ponce de Leon Blvd., Ste. 1050</u> <u>CORAL GABLES, FL 33134</u>	Address: <u>2121 Ponce de Leon Blvd., Ste. 1050</u> <u>CORAL GABLES, FL 33134</u>

Name and Title:	JUAN DAVID MORENO – VP	Name and Title:	<u>CAMILO ANDRES MORENO - T</u>
Address	<u>2121 Ponce de Leon Blvd., Ste. 1050</u> CORAL GABLES, FL 33134	Address:	2121 Ponce de Leon Blvd., Ste. 1050 CORAL GABLES, FL 33134

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

2022 JUL - 8 AM 8:16

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: Consulting Services of South Florida Inc.

Address: 2121 Ponce de Leon Blvd., Ste. 1050

CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANTONIO GARCIA

Address: 2121 Ponce de Leon Blvd., Ste. 1050

CORAL GABLES, FL 33134

2022 JUL -8 AM 8:16
DEPT OF STATE
TAMPA, FLORIDA

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

Antonio Garcia
Required Signature/Registered Agent

06-28-2022

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.

Antonio Garcia

06-28-2022

Required Signature/Incorporator

Date