

8/19/22, 12:13 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LEADER ASSOCIATES LLC
Account Number : I20180000056
Phone : (954)998-3963
Fax Number : (954)697-0359

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

Email Address: luma@mundotenis.com.br

2022 AUG 19 PM 12:13

FLORIDA PROFIT/NON PROFIT CORPORATION**MT Sports Tours Corp**

Certificate of Status	0
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Page Count	04
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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: **MT SPORTS TOURS CORP**

ARTICLE II – ADDRESS

The Principal street address of the Corporation shall be:

500 BRICKELL AVE UNIT 3907

MIAMI, FL 33131

The Mailing address of the Corporation shall be:

SAME AS PRINCIPAL

ARTICLE III – PURPOSE

The purpose for which the corporation is organized is **any and all lawful business.**

ARTICLE IV – SHARES

The number of shares of stock is: **1,000**

ARTICLE V – INITIAL OFFICERS AND/OR DIRECTORS

Name: **LUZIO R. PINTO FILHO**

Title: **PRES**

Address: **RUA DOS MANDIS, 53**

FLORIANOPOLIS, SC – 88053-404 - BRAZIL

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Name: LUMA C. RAMOS PINTO

Title: VP / TREAS / SEC

Address: 500 BRICKELL AVE UNIT 3907

MIAMI, FL 33131

ARTICLE VI – REGISTERED AGENT

The name and Florida street address (PO BOX not acceptable) of the Registered Agent is:

Name: LUMA C. RAMOS PINTO

Address: 500 BRICKELL AVE UNIT 3907

MIAMI, FL 33131

ARTICLE VII – INCORPORATOR

The name and address of the Incorporator is:

Name: LUMA C. RAMOS PINTO

Address: 500 BRICKELL AVE UNIT 3907

MIAMI, FL 33131

ARTICLE VIII – EFFECTIVE DATE

Effective date shall be the **filling date**.

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REGISTERED AGENT AFFIDAVIT

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.

Luma C Ramos Pinto08/18/2022

LUMA C. RAMOS PINTO - Registered Agent

Date

INCORPORATOR AFFIDAVIT

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.

Luma C Ramos Pinto08/18/2022

LUMA C. RAMOS PINTO - Incorporator

Date

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