

9/29/22, 3:09 PM

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
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From: Account Name : DOSSANTOS AND MACHADO,LLC
Account Number : 120140000089
Phone : (754)301-2128
Fax Number : (954)252-4650

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

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FLORIDA PROFIT/NON PROFIT CORPORATION

EMANUELLE CARVALHO MOUSINHO PA

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

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Corporate Filing Menu

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2022-09-29 19:22:16 GMT

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From: Juliana dos santos

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COVER LETTER

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

SUBJECT: EMANUELLE CARVALHO MOUSINHO PA
(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: JULIANA MACHADO, CPA
Name (Printed or typed)

11764 W SAMPLE RD STE 102
Address

CORAL SPRINGS, FL 33067
City, State & Zip

754-301-2128
Daytime Telephone number

INFO@GFSTAXACCT.COM
E-mail address: (to be used for future annual report notification)

2022-09-29 PM 11:44

H22000335852.3

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

ARTICLE I NAMEThe name of the corporation shall be: EMANUELLE CARVALHO MOUSINHO PA**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address641 E WOOLBRIGHT RD APT D 201
BOYTON BEACH, FL 33435

Mailing address, if different is:

641 E WOOLBRIGHT RD APT D 201
BOYTON BEACH, FL 33435**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: REAL ESTATE**ARTICLE IV SHARES**The number of shares of stock is: 1,500**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Emanuelle Carvalho Mousinho - President Name and Title: _____Address 641 E WOOLBRIGHT RD APT D 201 Address: _____BOYTON BEACH, FL 33435

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: Emanuelle Carvalho Mousinho
Address: 641 E WOOLBRIGHT RD APT D 201
BOYTON BEACH, FL 33435

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GILVAM F DOS SANTOS
Address: 11764 W SAMPLE RD STE 102
CORAL SPRINGS, FL 33065

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

9/15/2022
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.

Required Signature/Incorporator

8/30/22
Date

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