

P24000005547

(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



600421349366

01/23/24--01002--005 \*\*915.00

RECEIVED

2024 JAN 22 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024



12905 SW 42<sup>nd</sup> ST., Ste: 210  
Miami, FL 33175  
Phone: 305-444-4994 / 305-444-4977  
Email: [filing@ecfsfiling.com](mailto:filing@ecfsfiling.com)

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. MB RESTORATION USA INC  
(CORPORATE NAME) (DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: \_\_\_\_\_

☒ Certified Copy

☐ Certificate of Status

New Filings	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

--

**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: MB RESTORATION USA INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
16629 VALENCIA BLVD  
LOXAHATCHEE, FL 33470

Mailing address, if different is:

SAME

**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: 100 SHARES @ 10.00

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CHRISTIAN CAMACHO MEGO- P

Name and Title: \_\_\_\_\_

Address 16629 VALENCIA BLVD  
LOXAHATCHEE, FL 33470

Address: \_\_\_\_\_

Name and Title: HEDWIGA PUSIC OLIVARI -V

Name and Title: \_\_\_\_\_

Address 16629 VALENCIA BLVD  
LOXAHATCHEE, FL 33470

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: CHRISTIAN CAMACHO MEGO  
Address: 16629 VALENCIA BLVD  
LOXAHATCHEE, FL 33470

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: CHRISTIAN CAMACHO MEGO  
Address: 16629 VALENCIA BLVD  
LOXAHATCHEE, FL 33470

**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*

/s/ Christian Camacho Mego 01/18/2024  
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.*

/s/ Christian Camacho Mego 01/18/2024  
Required Signature/Incorporator Date

2024