

P24000045217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

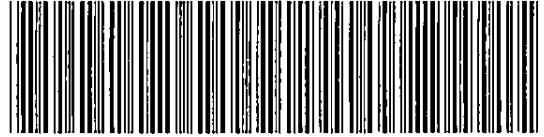
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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TALLAHASSEE, FL
STATE

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2024 JUL 10 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 7/10/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1268425

ORDER ENTITY
MB DESIGN ADVISORY INC.

PLEASE PERFORM THE FOLLOWING SERVICES:
MB DESIGN ADVISORY INC. (FL)

New corp filing

NOTES:
\$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM" or similar initials.

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TALLAHASSEE, FL

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

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

SUBJECT: MB DESIGN ADVISORY 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: REINA SHINAULT
Name (Printed or typed)

7801 FOLSOM BLVD. #202
Address

SACRAMENTO, CA 95826
City, State & Zip

888-595-2747
Daytime Telephone number

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

DEPARTMENT OF STATE
TALLAHASSEE, FL

2024 JUL 10 AM 9:47

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

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

The name of the corporation shall be: MB DESIGN ADVISORY INC.

Principal <u>street</u> address	Mailing address, if different is:
4350 SW 100TH TERRACE	
DAVIE, FLORIDA 33328	

The purpose for which the corporation is organized is: ANY LAWFUL ACTIVITY

The number of shares of stock is: 1000

Name and Title:	MIRIAM BITON, DIRECTOR	Name and Title:	
Address	4350 SW 100TH TERRACE	Address:	
	DAVIE, FLORIDA 33328		

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

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

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CLERK OF STATE
TALLAHASSEE, FL

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: MIRIAM BITON
Address: 4350 SW 100TH TERRACE
DAVIE, FLORIDA 33328

ARTICLE VII INCORPORATOR

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

Name: REINA SHINAULT
Address: 7801 FOLSOM BLVD. STE 202
SACRAMENTO, CA 95816

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/ MIRIAM BITON 7/9/2024
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/ REINA SHINAULT 7/9/2024
Required Signature/Incorporator Date

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TALLAHASSEE, FL