

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : ACOSTA ESTEVEZ PROFESSIONAL SERVICES
Account Number : I20230000138
Phone : (305)592-5240
Fax Number : (305)592-5535

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

Email Address: acostaestevzacc@gmail.com

RECEIVED
2024 JUL 15 PM 12:17
CORPORATIONS
SOCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
MC 5 CORP

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2024 JUL 15 PM 2:05

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COVER LETTER

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

SUBJECT: MC 5 CORP

(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: ACOSTA ESTEVEZ PROFESSIONAL SERVICES

Name (Printed or typed)

7500 NW 25 ST, STE 111,

Address

MIAMI, FL 33122

City, State & Zip

305-592-5240

Daytime Telephone number

acostaestevezacct@gmail.com

E-mail address: (to be used for future annual report notification)

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

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DIVISION OF CORPORATIONS

2024 JUL 15 PM 2:05

1124000 2390643

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: MC 5 CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

7500 NW 25TH ST, STE 111
MIAMI, FL 33122

Mailing address, if different is:

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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARCELO SILVEIRA DA COSTA - PRESIDENT Name and Title:

Address 7500 NW 25TH ST STE 111 Address:

MIAMI, FL 33122

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

14240002390643

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: MARCELO SILVEIRA DA COSTA

Address: 7500 NW 25TH ST STE 111
MIAMI, FL 33122

ARTICLE VII INCORPORATOR

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

Name: MARCELO SILVEIRA DA COSTA

Address: 7500 NW 25TH ST STE 111
MIAMI, FL 33122

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

Marcelo Silveira Costa _____ 07/15/2024
 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.

Marcelo Silveira Costa _____ 07/15/2024
 Required Signature/Incorporator Date