

P240000 65770

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
2024 OCT 24 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 10/23/24
Order #: 1648438-1
Re: MBCC, Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$70.0 - FL State Account Number:
120000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

2024 OCT 23 PM 9:47

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the "Enclosed please find:" section.

ARTICLE I NAME

The name of the corporation shall be: MBCC, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 224 Inlet Way
Unit 3
Palm Beach Shores, FL 33404

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to transact any or all lawful business for which corporations
may be incorporated under the Florida Business Corporation Act as it now exists or may hereafter be amended
or supplemented.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mette Hegna, Director Name and Title: _____

Address: 224 Inlet Way Address: _____
Unit 3
Palm Beach Shores, FL 33404

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2024 OCT 21 PM 3:47

Address

Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mette Hegna

Address: 224 Inlet Way, Unit 3

Palm Beach Shores, FL 33404

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 on 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:

Shauna Godbolt

nt

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Mette Hegna

Required Signature/Incorporator

Date

10/17/24