

Division of Corporations

Florida Department of State
P2400071098

11-21-24

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

From: Account Name : E & F LATIN GROUP LLC
Account Number : I20160000049
Phone : (954)384-8565
Fax Number : (954)385-5175

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

Email Address: support@eflatinaccounting.com

FLORIDA PROFIT/NON PROFIT CORPORATION
MAOSVAL CORP

RECEIVED

2024 NOV 20 PM 4:44
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TALLAHASSEE, FL

Certificate of Status	1
Certified Copy	0
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TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: MAOSVAL 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: E&F LATIN GROUP LLC

Name (Printed or typed)

1820 N CORPORATE LAKES BLVD SUITE 109

Address

WESTON, FL 33326

City, State & Zip

954 384 8565

Daytime Telephone number

DIEGO@EFLATINACCOUNTING.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
24 NOV 21 PM 9:58

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: MAOSVAL CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

703 BALD CYPRESS RD

WESTON, FL 33327

Mailing address, if different is:

703 BALD CYPRESS RD

WESTON, FL 33327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All Lawfull Purposes

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARCO A. OTTATI - DIRECTOR

Name and Title:

Address

703 BALD CYPRESS RD

Address:

WESTON, FL 33327

Name and Title: VALENTINA MENDOZA - DIRECTOR

Name and Title:

Address

703 BALD CYPRESS RD

Address:

WESTON, FL 33327

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: E&F LATIN GROUP LLC
Address: 1820 N CORPORATE LAKES BLVD
SUITE 109, WESTON, FL 33326

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: E&F LATIN GROUP LLC
Address: 1820 N CORPORATE LAKES BLVD
SUITE 109, WESTON, FL 33326

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DEPARTMENT OF REVENUE

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

Diego Figueroa
Required Signature/Registered Agent

11/20/2024
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.

Diego Figueroa
Required Signature/Incorporator

11/20/2024
Date