

P95000014937

Paulo Martelotti
(Requestor's Name)
3704 Estepona Ave.
(Address)
Miami FL 33178
(City, State, Zip) (Phone #)

700001406087
-02/14/95--01088--017
****122.50 ****122.50

OFFICE USE ONLY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 PM 2:23

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger

OTHER FILINGS	REGISTRATION/ QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership
Name Reservation	Reinstatement
	Trademark
	Other

W95-3464
619, 615

Examiner's Initials

2-15
KAN



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 15, 1995

PAULO MARTELOTTI
3704 ESTEPONA AVENUE
MIAMI, FL 33178

SUBJECT: MM BUSINESS CORPORATION
Ref. Number: W95000003464

We have received your document for MM BUSINESS CORPORATION and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Kevin Nickens
Document Specialist

Letter Number: 095A00006741

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 PH 2:24

ARTICLES OF INCORPORATION OF MM BUSINESS CORPORATION

The undersigned Incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

Article I, Name

The name of the corporation shall be:
MM Business Corporation.

Article II, Principal Office

The principal place of business and mailing address of this corporation shall be:
3704 Estepona Avenue, Miami, FL., 33178.

Article III, Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
500 Shares with \$1.00 Par Value.

Article IV, Initial Registered Agent and Street Address

The name and address of the initial registered agent is:
Paulo Martelotti
3704 Estepona Avenue, Miami, FL., 33178.

Article V, Incorporator.

The name and address of the incorporator to these Articles of Incorporation is:

1) Codene, Companhia de Desenvolvimento de Negócios, Ltda.
Rua Hungria 664 Cj. 72, São Paulo, SP., Brazil.
Represented by Paulo Martelotti - INCORPORATOR

Continuation, Pag.2

Article VI, Purpose.

The purpose of this corporation shall be to serve and operate in the business, brokerage and franchise areas , always respecting the regulations in existence , besides doing all others businesses permitted under the Laws of the United States of America and the State of Florida.

Article VII, Initial Board of Directors.

The names and Post Office Addresses of the members of the first board of directors are:

Paulo Martelotti- President and Secretary

Address:

3704 Estepona Avenue, Miami, Fl., 33178.

Flavio Tome- Vice-President

Address:

Rua Hungria 664 Cj. 72, São Paulo, SP., Brazil.

**Paulo Martelotti
MM Business Corporation.**

Continuation, Pag. 3

Affidavit

State of Florida, Dade County.

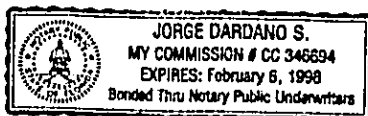
Before me this day personally appeared Paulo Martelotti, who being duly sworn, depose and say that he is the Representative and Incorporator for Codene-Companhia de Desenvolvimento de Negócios Ltda., and for MM Business Corporation.

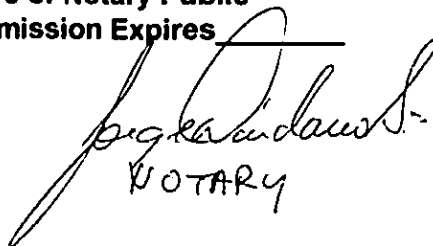

Paulo Martelotti

FLDL 4634-677-62-185-0

Sworn to and subscribed before me this 10, February, 1995.

Signature of Notary Public
My Commission Expires




NOTARY

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: MM BUSINESS CORPORATION

2. The name and address of the registered agent and office is:

PAULO MARTELOTTI

(Name)

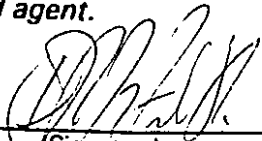
3704 ESTEPONA AVENUE

(P.O. Box ~~not~~ acceptable)

MIAMI, FL., ## 33178

(City/State/Zip)

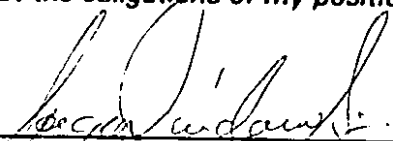
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Signature)

PAULO MARTELOTTI

4634-677-62-185-0



NOTARY PUBLIC

SWORN BEFORE ME
THIS 21 OF 2 OF 95



TRANSMITTAL LETTER

P95000014937

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

SUBJECT: MM BUSINESS CORPORATION
(Proposed corporate name - must include suffix)

RESIGNATION

Enclosed is an original and one (1) copy of the ~~articles of incorporation~~ and a check for :

☒ \$ 35.00
Filing Fee

600002020846--2
-12/05/96--01051--001
*****35.00 *****35.00

FROM: PAULO MARTELOTTI
Name (printed or typed)
8235 NW 64th ST. UNIT #3
Address
MIAMI, FL. 33166
City, State & Zip
(305) 513-9480
Daytime Telephone number

SH 12/11

FILED
96 DEC -5 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

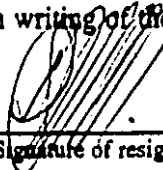
OFFICER / DIRECTOR RESIGNATION

I, PAULO MARTELOTTI, hereby resign as President & Secretary
(Title)

of MM BUSINESS CORPORATION
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA.

That the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

STATE OF FLORIDA

COUNTY OF DADE

The foregoing instrument was acknowledged before
me this 25 day of NOV, 1996 by PAULO
MARTELOTTI

Personally Known Y OR Produced Identification _____

Type of Identification Produced _____



DONALD A. SUTTON
Notary Public, State of Florida
My Comm. Expires May 31, 1998
No. CC 376691
Bonded Thru Official Notary Service

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 DEC -5 PM 1:56

FILED

TRANSMITTAL LETTER

P95000014937

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

SUBJECT: MM BUSINESS CORPORATION
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the CHANGE OF REGISTERED AGENT
~~articles of incorporation~~ and a check
for:

☒ \$ 35.00
Filing Fee

900002020849--3
-12/05/96--01051--002
*****35.00 *****35.00

FROM:

PAULO MARTELOTTI
Name (printed or typed)

8235 NW 64th ST. UNIT #3
Address

MIAMI, FL. 33166
City, State & Zip

(305) 513-9480
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 DEC 20 AM 9:07

FILED

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PA Ch

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of section 807.0802 or 807.1508, Florida Statutes, the under-
signed corporation organized under the laws of the State of FLORIDA, submits
the following statement in order to change its registered office or registered agent, or
both, in the State of Florida.

1. The name of the corporation is: MM BUSINESS CORPORATION
- 1a. Date of incorporation February 22, 1995 Document number P95000014937
2. The name and address of the current registered agent and office:
Paulo Martelotti
3704 Estepona Avenue, Miami, FL 33178
3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)
Roberto de Oliveira Cesar Junior
8235 NW 64th Street, Suite 3, Miami, FL 33166

FILED
96 DEC 20 AM 9:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The street address of its registered agent and the street address of the business office
of its registered agent as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by
an officer so authorized by the board.

SIGNATURE

(name and title)

DATE

11/29/96

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED
IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED
AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY
WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COM-
PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT
THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

(Registered Agent)

DATE

11/29/96

Division of Corporations, P.O. Box 8327, Tallahassee, FL 32314

CR12E045 (7-90)

FILING FEE: \$35.00

APPLICATION
FOR 1996
REINSTATEMENT



Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 16 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000014937

1 Corporation Name

Corporation Name MM BUSINESS CORPORATION

Principal Place of Business:

Mailing Address

8235 NW 64TH SUITE 3
MIAMI, FL. 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Address, if Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FBI Number

65-055922

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSD	PAULO MARTELOTTI	8235 NW 64th St #3	Miami, FL, 33166
VPD	FLAVIO TOME	8235 NW 64th St #3	Miami, FL, 33166
			800002030698--3 -12/17/96--01079--013 ****383.75 ****383.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAULO MARTELOTTI
3704 ESTERONA AVE
Miami, FL 33178

Name PAULO MARTELOTTI
Street Address (P.O. Box Number is Not Acceptable)
8235 NW 64TH ST
Suite, Apt. #, Etc.
3
City MIAMI State FL Zip Code 33

10⁹ I, being appointed the registered agent in the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date _____

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.