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
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

W95.3464
619, 615

2-15

Examiner's Initials KAN

CR2E031(10/92)

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 PM 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.

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
FL DL M634-677-62-185-0

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

Signature of Notary Public
My Commission Expires

JORGE DARDANO S.
MY COMMISSION # CC 346694
EXPIRES: February 6, 1998
Bonded Thru Notary Public Underwriters

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

H634-677-62-185-0

NOTARY PUBLIC

SWORN BEFORE ME
THIS 21 OF 2 OF 95

JORGE DARDANO S.
MY COMMISSION # CC 346694
EXPIRES: February 6, 1998
Bonded Thru Notary Public Underwriters

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 ~~articles of incorporation~~ RESIGNATION 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 ORANGE
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

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

CR2E044 (1/95)

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)

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

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

SH 12/20/96
RA Ch

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

Pursuant to the provisions of section 607.0502 or 607.1508, Florida Statutes, the undersigned 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

FILED
96 DEC 29 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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 COMPLETE 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 6327, Tallahassee, FL 32314

CR2E045 (7-90)

FILING FEE: $35.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 1996 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
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
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.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip / Country

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0559221
☐ 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

300002030698--3
-12/17/96--01079--013
****383.75 ****383.75

8. Name and Address of Current Registered Agent
PAULO MARTELOTTI
3704 ESTEPONA AVE
MIAMI FL 33178

9. Name and Address of New Registered Agent
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: 33166

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

Signature of Registered Agent X _____ REGISTERED AGENT MUST SIGN
Date 11/07/96

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

CR2E040 (12/95)