P24000049149

# 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: acostaestevezacct@gmail.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

## FLORIDA PROFIT/NON PROFIT CORPORATION
## MC 5 CORP

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

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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

H24000 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
Address 7500 NW 25TH ST STE 111
MIAMI, FL 33122

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

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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 Da 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 Da Costa 07/15/2024

Required Signature/Incorporator Date