

Florida Department of State

Division of Corporations

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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: acostaestev2acd@gmail.com

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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2024 JUL 15 PM 2:05

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Corporate Filing Menu

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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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy 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.FILED
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: MC 5 CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

7500 NW 25TH ST, STE 111MIAMI, FL 33122**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 Name and Title: _____Address 7500 NW 25TH ST STE 111 Address: _____MIAMI, FL 33122

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe **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 INCORPORATORThe **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)

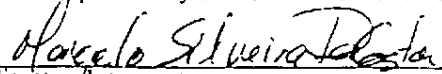
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

<u></u>	<u>07/15/2024</u>
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.

<u></u>	<u>07/15/2024</u>
Required Signature/Incorporator	Date