

P22000052619

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000217478 3)))



H220002174783ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : RASI
Account Number : I20220000023
Phone : (800)221-2972
Fax Number : (917)243-5843

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JUN 28 PM 1:00

FILED

RECEIVED

2022 JUN 28 PM 12:12

FLORIDA
COMMERCIAL
DIVISION

**FLORIDA PROFIT/NON PROFIT CORPORATION
MET INVESTMENT 1818 SHERIDAN ST CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

HL

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: MET INVESTMENT 1818 SHERIDAN ST CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

4931 SW 35TH TERRACEFORT LAUDERDALE, FL 333124931 SW 35TH TERRACEFORT LAUDERDALE, FL 33312**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: COMMERCIAL REAL ESTATETo conduct all activities set forth and permitted under and Florida corporation law**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: TZAHY ZLIKHA

Name and Title: _____

Address

4931 SW 35TH TERRACE

Address: _____

FORT LAUDERDALE, FL 33312

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

2022 JUN 28 PM 1:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

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: TZAH I ZLIKHA
 Address: 4931 SW 35TH TERRACE
FORT LAUDERDALE, FL 33312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TZAH I ZLIKHA
 Address: 4931 SW 35TH TERRACE
FORT LAUDERDALE, FL 33312

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

Tzahi Zlikha 06/23/2022
 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.

Tzahi Zlikha 06/23/2022
 Required Signature/Incorporator Date

2022 JUN 28 PM 1:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED