

F20 000000 2180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

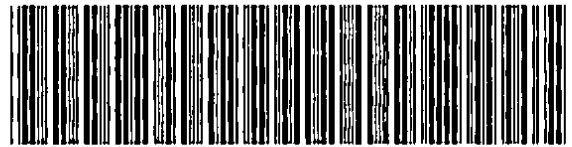
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 DEC 14 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FL

12/14/20

12/15/20
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2020

ADRIANA AVAKIAN
1320 EAST 9TH AVENUE #110
TAMPA, FL 33605

SUBJECT: MENTE SYSTEMS INC
Ref. Number: F20000002180

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging.

PLEASE COMPLETE THE ENCLOSED FORM.

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 (850) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 720A00024205

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Mente Systems, Inc. d/b/a TheInclab
Name of Corporation

DOCUMENT NUMBER: F20000002180

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adriana Avakian
Name of Contact Person

Mente Systems Inc d/b/a TheInclab
Firm/Company

1320 E 9th Ave #110
Address

Tampa, FL 33605
City/State and Zip Code

accounting@theinclab.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mindy Phen at (212) 390-8111
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee
(Payment already
made)

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

FILED

2020 DEC 14 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FL

SECTION I
(1-3 MUST BE COMPLETED)

F20000002180

(Document number of corporation (if known))

1. MENTE SYSTEMS INC
(Name of corporation as it appears on the records of the Department of State)
2. DELAWARE 3. 05/08/2020
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____
5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) _____

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

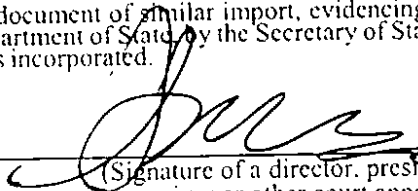
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Officer	Samuel Altman	1320 E 9 th Ave #110 Tampa, FL 33605	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Officer	Mark Guirgis	1320 E 9 th Ave #110 Tampa, FL 33605	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to deliver of the application to the Department of State by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	
Adriana Avakian	President
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35.00