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## COVER LETTER

_	stration Section sion of Corporations			
SUBJECT:	MIDWAY TEXTILE INCOR	PORATED		
SOBGECT.		corporation - n	nust include suffix	
Dear Sir or N	1adam:			
"Certificate of	"Application by Foreign Corp of Existence," or "Certificate of need foreign corporation to tra	of Good Standin	g" and check are submit	
Please return	all correspondence concerning	g this matter to	the following:	
CARLOS SA	LMUN			
		Name of Per	son	
STELLAR LA	ANYARDS LLC			
		Firm/Compar	ny	
66 WEST FL	AGLER STREET - SUITE 900			
	<del></del>	Address		-
MIAMI FL 3	3130			
		City/State and	Zip code	
carlos@mtier				
	E-mail address:	(to be used for	future annual report noti:	fication)
For further in	nformation concerning this ma	tter, please call:		
CARLOS SALMUN at		at ()	3191092	
Nan	ne of Person	Area Code	Daytime Telephon	e Number
Regi Divi The 2415	SEET/COURIER ADDRESS stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 ahassee, FL 32303	:	MAILING ADD Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL	ion orations
	a check for the following amount heck payable to: FLORIDA DE ling Fee	PARTMENT OF S		■ \$87.50 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1 MIDWAY TEX	KTILE INCORPORATED				
	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATI	ON,"		
MTI ENDURA	NCE INCORPORATED				
(If name unavai	able in Florida, enter alternate corporate name ac	lopted for the purpose of transac	ting business in Florida)		
2. TEXAS	3				
(State or count	ry under the law of which it is incorporated)	(FEI number, if	applicable)		
4. AUGUST 15, 2					
(Date	e of incorporation)	(Date of duration, if other than perpetual)			
6.					
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		bility)		
7. 66 WEST FLAC	GLER STREET - SUITE 900 MIAMI FL 33130				
		e <u>street</u> address)			
21055 NE 37TH	I AVE APT 603 AVENTURA FL 33180				
	(Current mailing	address, if different)			
			4 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
8. Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	202		
Name:	CARLOS SALMUN		The state of the s		
Office Address:	21055 NE 37TH AVE APT 603		2024 APR 18 1		
	AVENTURA	, Florida	P m		
	(City)	(Zip code)	PHIZ: 35		
9 Registered au	gent's acceptance:		35		
	ned as registered agent and to accept service	e of process for the above sta	•		
	s application, I hereby accept the appointme				
• •	comply with the provisions of all statutes rel r with and accept the obligations of my posi		nete performance of my auti		
•		-			
	Ochrel	?			
_	( or ) you				
	(Registered agent's sig	nature)			

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS	•						
□Chairman	Name: CARLOS SALMUN	□ Chairman	Name:				
□Vice Chairman	66 WEST FLAGLER STREET Address:	□Vice Chairman	Address:				
Director	SUITE 900	Director					
□President	MIAMI, FL	□President					
□Vice President	33130	□ Vice President					
□Secretary	□Treasurer	☐ Secretary		□Treasurer			
Other	Other	Other		□Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	<del></del>	□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary		□Treasurer			
Other	Other	□Other		□Other			
□ Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President	<del></del>	□Vice President					
□Secretary	Treasurer	□Secretary		□Treasurer			
Other	Other	□Other		□Other			
individuals may be	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department to the index when filing	nent of State Annual R	eport form.	urposes only. Non-indexed			
Signature of Director or Officer							

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he she is aware that 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.

. CARLOS SALMUN

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



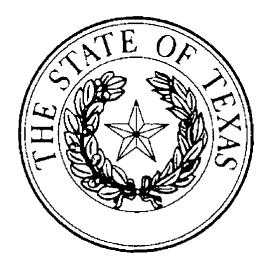
### Office of the Secretary of State

#### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for MIDWAY TEXTILE, INCORPORATED (file number 159461400), a Domestic For-Profit Corporation, was filed in this office on August 15, 2000.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 02, 2024.



Phone: (512) 463-5555

Jane Helson

Jane Nelson Secretary of State