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(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/27/14

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: MSTS INVESTMENT GROUP INC
(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: MOHAMMAD G. MOSTAFA
Name (Printed or typed)

1215 W. PALMETTO PARK RD.
Address

BOCA RATON, FL - 33486
City, State & Zip

561-674-2074
Daytime Telephone number

MOHAMMADMOSTAFA68@GMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: MSTS INVESTMENT GROUP INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1215 W. PALMETTO PARK RD.

BOCA RATON

FL0-33486

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONVENIENT STORE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MOHAMMAD G. MOSTAFA Name and Title: _____
PRESEDENT.

Address _____ Address: _____

1215 W. PALMETTO PARK RD.

BOCA RATON. FL0-33486

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF DISTRICT COURT
DADE COUNTY, FLORIDA

(conti.)

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: MOHAMMAD G. MOSTAFA
Address: 1215 W. PALMETTO PARK RD.
BOCA RATON, FLO-33486

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MOHAMMAD G. MOSTAFA .
Address: 1215 W. PALMETTO PARK RD .
BOCA RATON FLO-33486

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

M.D.G. Mustafa
Required Signature/Registered Agent

10-22-14
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.

M.D.G. Mustafa
Required Signature/Incorporator

10-22-14
Date