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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	_

Office Use Only



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COVER LETTER

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

SUBJECT:

DOMESTICATION

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$	50.00
Articles of Incorporation and Certified Copy	\$	78.75
Total to domesticate and file	\$1	128.75

OPTIONAL:

Certificate of Status

\$ 8.75

MAT ADAR

Name (printed or typed)

2844 STIRLING ROAD STE P

Address

HOLLYWOOD FLORIDA 33020

City, State & Zip

347-666-1986

Daytime Telephone Number

MAT@MMDELECTRONICS.COM

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned, matis adar	president
. (Name)	(Title)
of MMD OF NY INC	a foreign-corporation,
(Corporation Name) in accordance with s. 607.1801, Florida Statutes, does hereby	certify:
1. The date on which corporation was first formed was 01/0	01/13
2. The jurisdiction where the above named corporation was came into being was NEW YORK	first formed, incorporated, or otherwise
3. The name of the corporation immediately prior to the filir was MMD OF NY INC	ng of this Certificate of Domestication
4. The name of the corporation, as set forth in its articles of	incorporation, to be filed pursuant to
s. 607.0202 and 607.0401 with this certificate is MMD (OF NY INC
5. The jurisdiction that constituted the seat, siege social, or padministration of the corporation, or any other equivalent immediately before the filing of the Certificate of Domest NEW YORK	jurisdiction under applicable law,
6. Attached are Florida articles of incorporation to complete to s. 607.1801.	the domestication requirements pursuant
I am MATIS ADAR , of MMD OF NY INC	
and am authorized to sign this Certificate of Domestication of so this the 11 day of JUNE	n behalf of the corporation and have done , 2015
(Authorized Signatur	e)
mus	
Filing Fee: Certificate of Domestication Articles of Incorporation and Certified Total to domesticate and file	\$ 50.00 I Copy \$ 78.75 \$128.75

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

THE NAME OF THE CORPORATION SHALL BE:	ب بر نود دست بر نود تر بر نود
MMD OF NY INC	
ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS. Principal Address 2844 STIRLING ROAD	15 A
STE P	STE P
HOLLYWOOD FL	HOLLYWOOD FL
33020	33020
OF CONSUMER ELECTRO	LE, RETAIL, AND EXPORT ONICS

TOTAL ALL	Title/Nierre	
Title/Name MAT ADAR/ PRESIDENT	Title/Name	٠.
4105 NORTH 50TH AVE		
HOLLYWOOD FL 33021	•	
Title/Name	Title/Name	
Title/Name	Title/Name	٠.
	<u> </u>	
Title/Name	Title/Name	

ARTICLE IV SHARES
THE NUMBER OF SHARES OF STOCK IS:

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

MAT ADAR
4105 NORTH 50TH AVE
HOLLYWOOD FL 33021

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

MAT ADAR

4105 NORTH 50TH AVE

HOLLYWOOD FL 33021

15 JUN 15 AM 9:27

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Signature/Registered Agent

Signature/Incorporator

Date

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