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DIVISION OF CORPORATION
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09/18/15

COVER LETTER

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

SUBJECT: MAF17 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: MyUSACorporation.com

Name (Printed or typed)

1 Radisson Plaza, Suite 800

Address

New Rochelle, NY 10801

City, State & Zip

(877) 330-2677

Daytime Telephone number

mafwav@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: MAF17 INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
545 NE 127 STREET
N MIAMI, FL 33161

Mailing address, if different is:
545 NE 127 STREET
N MIAMI, FL 33161

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: online retail store or online re seller.

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ARTICLE IV SHARES

The number of shares of stock is 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marben Forneste, President

Address: 545 NE 127 STREET
N MIAMI, FL 33161

Name and Title: Marben Forneste, Vice President

Address: 545 NE 127 STREET
N MIAMI, FL 33161

Name and Title: Marben Forneste, Secretary

Address: 545 NE 127 STREET
N MIAMI, FL 33161

Name and Title: Marben Forneste, Treasurer

Address: 545 NE 127 STREET
N MIAMI, FL 33161

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Marben Forneste

Address: 545 NE 127 STREET

N MIAMI, FL 33161

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MyUSAcorporation.com

Address: 1 Radisson Plaza, Suite 800

New Rochelle, NY 10801

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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 business days prior or 90 business 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



Required Signature/Registered Agent

08/28/2015

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.



Required Signature/Incorporator

08/28/2015

Date

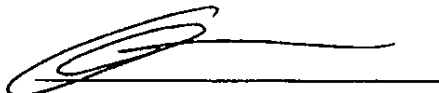
**SPECIAL AND REVOCABLE
LIMITED POWER OF ATTORNEY**

TO ALL PERSON, be it known, that INCORP SERVICES, INC., A Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to Anthony Morales and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which *Selene Enterprises LLC dba MyUSA corporation.com* have purchased agent service on through their account with InCorp Services, Inc.

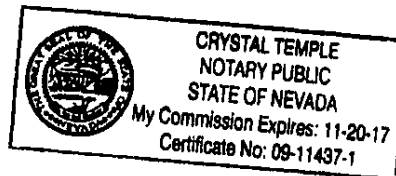
TERMINATION: Unless sooner revoked or terminated by me, the Special Power of Attorney shall become NULL and VOID from and after December 31, 2015.


Aurora Murtey, Secretary
State of Nevada
County of Clark

Dated: January 19, 2015

Signed in my presence this the 19th day of January 2015 by Aurora Murtey, State of Nevada.
County of Clark


Notary Public in the State of Nevada



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