## Pleococagai

(Requestor's Name)			
(Address)			
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(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		

Office Use Only



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T SCHROEDER

	ACCESS,		
• <b>INC.</b>		236 East 6th Avenue. Tallahassee, Florida 32303 2.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666	
		WALK IN	
		PICK UP: 1-13-14	
X	CERTIFII	ED COPY	
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	cus		
$rac{r}{\sqrt{2}}$	FILING	Con	
	(CORPORATE NA	COR ada YSM, Corp AME AND DOCUMENT #)	
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## **COVER LETTER**

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

SUBJECT: Mes	ada YSM, Corp.		
JUBSE 01.	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an origi	nal and one (1) copy of the art	icles of incorporation and	i 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 CO	PY KEQUIRED
FROM: JC	sef Shlang	(Drietad on broad)	pand 1-10-10-10-10-10-10-10-10-10-10-10-10-10
60	00 Northwest 12	e (Printed or typed)	
03		Address	<del>, ,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
Co	oral Springs, Flo		
ys	<sub>دانې</sub> shlang@gmail.c	State & Zip	
Application - Marin	Daytime T	elephone number	

914-799-0600

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

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporat	E Mesada YSM, Cor	р.		
ARTICLE II PRINCIPAL OFFICE Principal street address		Mailing address, if different is:		
6300 Northwe		<u></u>		
Coral Springs	, FL 33076			
•				
ARTICLE III PUR	POSE he corporation is organized is: Any law	ful purpose		·
			<u> </u>	
	···			<del>_</del>
		,		
			T- (T)	Comments
ARTICLE IV SHA The number of shares of	RES 200			ie J
The number of shares of	SLOCK IS.		<u>[t]</u> :	The state of the s
	TIAL OFFICERS AND/OR DIRECTOR	<u>s</u>	<u> </u>	္
Name and Title	Josef Shlang, President	Name and Title:	्रेल '	<u> </u>
Address	6300 Northwest 120 Dr.	Address:		
	Coral Springs, FL 33076	<b></b>		·····
		·		bir dadila a vita a
Name and Title:		Name and Title:		
Address		Address:		
				·
Address		Address:		
		<del></del>		

Name an	d Title:	Name and Title:	
Address		Address:	
		**	
ARTICLE VI	REGISTERED AGENT	the maletown down to	
	lorida street address (P.O. Box NOT acceptable) of Josef Shlang	me registered agent is.	
Name: Address:	6300 Northwest 120 Drive		هسر (2) سروان
Address.	Coral Springs, FL 33076		MI W
ARTICLE VII	INCORPORATOR		
The name and ac	idress of the Incorporator is:		STAIL OF
Name:	Josef Shlang		
Address:	6300 Northwest 120 Drive		
	Coral Springs, FL 33076		
Having been nan this certificate, I	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporat stered agent and egree to act	tion at the place designated in In this capacity
سيسليب			14/21/15" Date
	Required Signature/Registered Agent		Date
	unient and affirm that the facts stated herein are to Department of State constitutes a third degree felony		
-	95		12/21/15
	Required Signature/Incorporator		Date