

P16000046494

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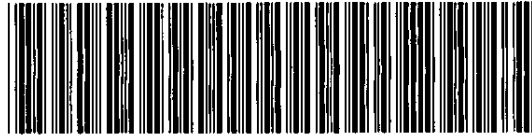
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16 MAY 19 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Cutillan MAY 26 2016

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 5/19/16**

**NAME: MIDDLE WEST UNIVERSITY INC.**

**TYPE OF FILING: ARTICLES**

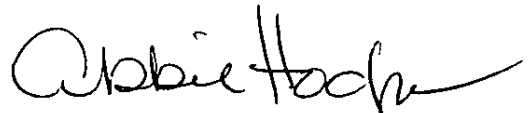
**COST: 78.75**

**RETURN: CERTIFIED COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



## COVER LETTER

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

**SUBJECT:** Middle West University 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Daniel Steigert  
\_\_\_\_\_  
Name (Printed or typed)

101 Main Street, Suite One  
\_\_\_\_\_  
Address

Tappan, NY 10983  
\_\_\_\_\_  
City, State & Zip

8453980900  
\_\_\_\_\_  
Daytime Telephone number

dsteigert@ibcf.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 25, 2016

FLORIDA FILING

SUBJECT: MIDDLE WEST UNIVERSITY INC  
Ref. Number: W16000036538

We have received your document for MIDDLE WEST UNIVERSITY INC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

SHAREHOLDER IS NOT AN ACCEPTABLE TITLE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Terri J Schroeder  
Regulatory Specialist II

Letter Number: 916A00011070

RECEIVED  
DEPARTMENT OF STATE  
16 MAY 26 PM 12:28

*Please keep original file  
date. Thanks!*

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
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                         & Certificate of Status

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\_\_\_\_\_  
Daytime Telephone number

dsteigert@ibcf.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: Middle West University Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

419 55th Avenue

St. Petersburg Beach, FL 33706

Mailing address, if different is:

419 55th Avenue

St. Petersburg Beach, FL 33706

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Holding Company

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Mr. Sammy Freminot-Director

Address: Anse Royale  
Mahe, Seychelles

Name and Title: Mr. Zdenek Vrba president

Address: Nouzovske 1077/15 Kbely  
197 00 Praha 9  
Czech Republic

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: NRAI Services, Inc

Address: 1200 South Pine Island Road

Plantation, FL 33324

16 MAY 19 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Daniel Steigert

Address: 101 Main Street, Suite One

Tappan, NY 10983

**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.)

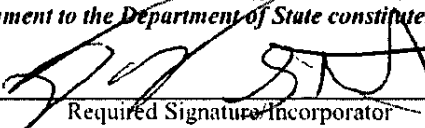
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

5/17/2016  
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

5/17/2016  
Date