

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : AT PLUS CORP
Account Number : 120140000060
Phone : (305)406-3800
Fax Number : (305)406-3999

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
MIDPOINT CAFE INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared Ana P. Dos Anjos, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of MIDPOINT CAFÉ INC., a Florida corporation to be filed with the Florida Department of State on or about OCTOBER 19, 2016.
2. The undersigned hereby consents to and authorizes the use by MIDPOINT CAFÉ INC. of the name MIDPOINT CAFÉ INC.
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of Reinstating the dissolved entity.

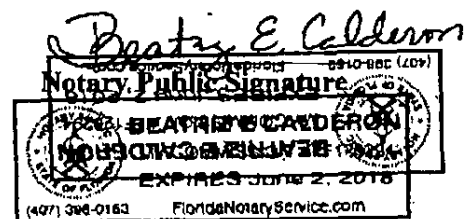
FURTHER AFFIANT SAYETH NAUGHT.


Ana P. Dos Anjos

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, Ana P. Dos Anjos, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 19th day of Oct, 2016



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

16 OCT 19 AM 9:00

ARTICLE I NAME

The name of the corporation shall be: MIDPOINT CAFE INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

7915 BISCAYNE BLVD.

MIAMI, FL 33138

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANA P. DOS ANJOS PRESIDENT

Address 575 NE 82ND ST.

#12

MIAMI, FL 33138

Name and Title: _____

Address: _____

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: ANA P. DOS ANJOS
Address: 575 NE 82ND ST #12
MIAMI, FL 33138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANA P. DOS ANJOS
Address: 575 NE 82ND ST #12
MIAMI, FL 33138

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

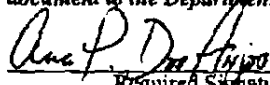


Required Signature/Registered Agent

10/19/2016

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

10/19/2016

Date