

P17000006667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

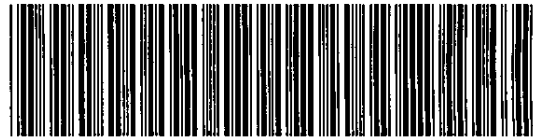
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700293482357

01/20/17--01011--008 **78.75

FILED
17 JAN 20 AM 10:26
CLERK OF STATE
TALLAHASSEE, FLORIDA

h 01/23/17

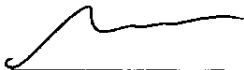
12-16-2016

To Whom It May Concern:

I, Adar Matt, as an Owner of the Company MMD OF NY INC. am writing this letter to ask you to release this name since we don't plan to use it anymore, and it can be available to be used for somebody else.

I thank you for your help on this important matter

Sincerely



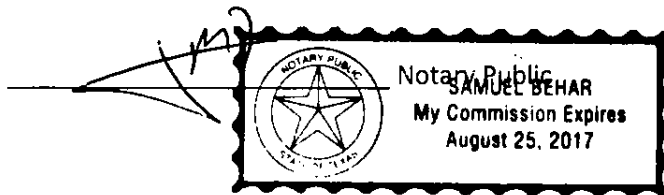
Adar Matt

RECEIVED
17 JAN 20 AM 10:26
SHERIFF OF STATE
TALLAHASSEE, FLORIDA

State of Texas

County of Harris

On this, the 16 day of December, 2016, before me a notary public, the undersigned officer, personally appeared Adar Matt, known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained. In witness hereof, I hereunto set my hand and official seal.



COVER LETTER

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

SUBJECT: MMD OF NY 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: SAMUEL BEHAR CPA

Name (Printed or typed)

10101 FONDREN ROAD SUITE 400

Address

HOUSTON, TX, 77096

City, State & Zip

713-981-8800

Daytime Telephone number

PEDRO@BEHARCPA.COM OR JOE@BEHARCPA.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: MMD OF NY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
2022 A TIGERTAIL BOULEVARD

BUILDING #7

DANIA BEACH, FL 33004

Mailing address, if different is:
2844 STIRLING ROAD, STE.P

HOLLYWOOD, FL 33020

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ECOMMERCE, WHOLESALE, RETAIL, AND EXPORT
OF CONSUMER ELECTRONICS.

FILED
17 JAN 27 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAT ADAR / PRESIDENT

Address 4105 NORTH 50TH AVE
HOLLYWOOD, FL 33021

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: MAT ADAR

Address: 4105 NORTH 50TH AVE

HOLLYWOOD, FL 33021

FILED
17 JAN 20 AM 10:26
DEPT. OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: MAT ADAR

Address: 4105 NORTH 50TH AVE

HOLLYWOOD, FL 33021

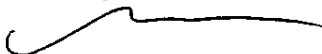
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

12/15/16

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

12/15/16

Date