

P17000074163

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(Business Entity Name)

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17 SEP -6 AM 8:44
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 09/27/17

W17 - 068755

09/07/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2017

JULIA GREENBERG-AGUILAR
1 RADISSON PLAZA, STE. 800
NEW ROCHELLE, NY 10801

SUBJECT: AXYTA INC.
Ref. Number: W17000068755

RECEIVED
17 SEP -6 PM 3:24
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

We have received your document for AXYTA INC. and your check(s) totaling \$79.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 917A00017167

COVER LETTER

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

SUBJECT: AXYTA 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: Julia Greenberg-Aguilar

Name (Printed or typed)

1 Radisson Plaza, Ste.800

Address

New Rochelle, NY 10801

City, State & Zip

877-330-2677

Daytime Telephone number

ahmed@dermitec.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: AXYTA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1101 BRICKELL AVE, STE G0 #310367,
MIAMI, FL 33231

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The company will source and distribute medical devices.

ARTICLE IV SHARES

The number of shares of stock is: 100000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AHMED AMIN - President

Address: HOUSE # 381, ROAD # 28,
NEW DOHS, #MOHAKHALI, DHAKA,
DHAKA, BANGLADESH 1206

Name and Title: AHMED AMIN - Vice President

Address: HOUSE # 381, ROAD # 28,
NEW DOHS, #MOHAKHALI, DHAK
DHAKA, BANGLADESH 1206

Name and Title: AHMED AMIN - Secretary

Address: HOUSE # 381, ROAD # 28,
NEW DOHS, #MOHAKHALI, DHAKA,
DHAKA, BANGLADESH 1206

Name and Title: AHMED AMIN - Treasurer

Address: HOUSE # 381, ROAD # 28,
NEW DOHS, #MOHAKHALI, DHAK
DHAKA, BANGLADESH 1206

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

17 SEP -6 AM 8:46
STATE OF FLORIDA

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: Incorp Services, Inc

Address: 17888 67th Court North

Loxahatchee, FL 33470

ARTICLE VII INCORPORATOR

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

Name: Elena Malevska

Address: 1 Radisson Plaza, Ste.800

New Rochelle, NY 10801

FILED
17 SEP -6 AM 8:44
TALLAHASSEE, FLORIDA

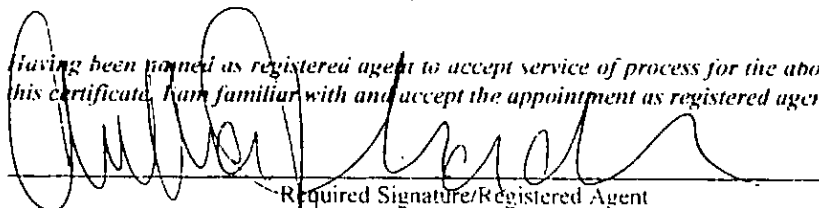
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/27/2017 (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

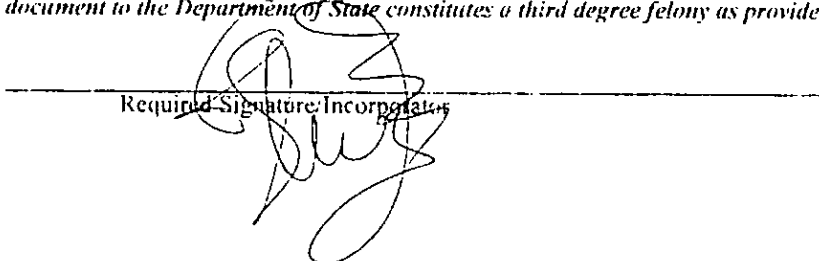


Required Signature/Registered Agent

08/18/2017

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

08/18/2017

Date