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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

17 SEP 20 PM 12:49

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

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DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
APPS2TEACH, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

**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: APPS2TEACH, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1040 - 71St. STREET STE. 102  
MIAMI BEACH FL. 33141

Mailing address, if different is:  
1040 - 71St STREET STE 102  
MIAMI BEACH FL. 33141

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY LEGAL BUSINESS / ACTIVITY PERMITTED IN THE  
STATE OF FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100 (ONE HUNDRED)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
17 SEP 20 PM 12:50

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

Name and Title: WILLIAM MELKESETIAN (President)

Address: 1040 - 71St STREET # 102  
MIAMI BEACH FL. 33141  
(50% Capital Stock)

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

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

Name and Title: CLAUDIA DUVA-MELKESETIAN (V/P)

Address: 1040 - 71St STREET # 102  
MIAMI BEACH FL. 33141  
(50% Capital Stock)

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: WILLIAM MELKESETIAN  
Address: 1040 - 71st STREET # 102  
MIAMI BEACH FL. 33141

17-SEP 20 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: WILLIAM MELKESETIAN  
Address: 1040 - 71 St STREET # 102  
MIAMI BEACH FL. 33141

**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*

William Melkesetian  
Required Signature/Registered Agent

09/20/2017  
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 §817.155, F.S.*

William Melkesetian  
Required Signature/Incorporator

09/20/2017  
Date