

P191200035889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

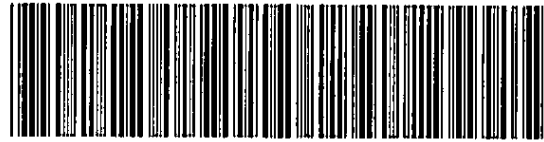
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500327953415

04/18/19--01013--006 \*\*70.00

2019 APR 18 AM 7:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

COVER LETTER

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

SUBJECT: Miles Adonis, 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: Asaf Mengelgrain  
Name (Printed or typed)

3389 Sheridan St #264  
Address

Hollywood, FL 33021  
City, State & Zip

407 342 3851  
Daytime Telephone number

greengroupdevelopment@gmail.com  
E-mail address: (to be used for future annual report notification)

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

April 2, 2019

To:

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

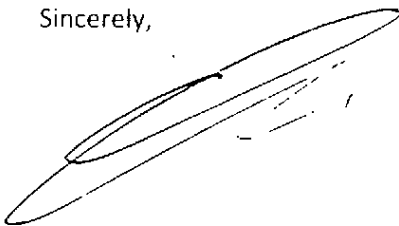
Name Release Letter

To Whom It May Concern,

Please accept this letter as a "Name Release Letter" authorizing the use of the company name **Miles Adonis, Inc. (P17000058408)** Unfortunately, there was a miscommunication with my attorney and the annual filing fee was not paid, therefore, I will be reopening this company as a new filing. The filing application and payment are included within.

Should you have any questions or concerns, please do not hesitate to contact me directly at 1.407.342.3851. Email: [greengroupdevelopment@gmail.com](mailto:greengroupdevelopment@gmail.com)

Sincerely,

A handwritten signature in black ink, appearing to be 'Asaf Mengelgrein', written in a cursive style. The signature is enclosed within a large, hand-drawn oval shape.

Asaf Mengelgrein

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: Miles Adonis, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 20355 NE 34 CT # 2025, Aventura, FL 33180

Mailing address, if different is: 3389 Sheridan St # 264, Hollywood, FL 33021

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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Address: (Two columns for officer information)

Name and Title: Address: (Two columns for officer information)

Name and Title: Address: (Two columns for officer information)

FILED 2019 APR 18 AM 7:50 SECRETARY OF STATE TALLAHASSEE, FL

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: Asaf Mengelgrein  
Address: 20355 NE 34 CT # 2025  
Aventura, FL 33180

**ARTICLE VII INCORPORATOR**

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

Name: Roi Mengelgrein  
Address: 20355 NE 34 CT # 2025  
Aventura, FL 33180

**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 4/13/19  
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 4-13-19  
Date