

P190000043609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

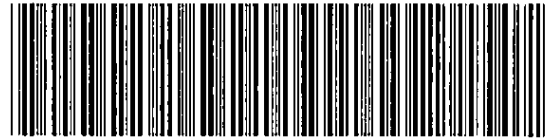
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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05/28/19--01004--004

19 MAY 28 AM 10:54

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19 MAY 28 AM 10:45

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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 5/28 LAUREN

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ARTICLES OF INCORPORATION

1. **MUNDOTEX CORP**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

**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: **Mundotex Corp**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**3105 NW 107TH Ave.**

**Doral, FL 33172**

Mailing address, if different is:

**3105 NW 107TH Ave.**

**Doral, FL 33172**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **Any and all lawful activity.**

**ARTICLE IV SHARES**

The number of shares of stock is: **1,500**

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

Name and Title: **Azita Javherian, Director**

Address **3105 NW 107TH Ave.**

**Doral, FL 33172**

Name and Title: **Azita Javherian, President**

Address: **3105 NW 107TH Ave.**

**Doral, FL 33172**

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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19 MAY 28 AM 10:56  
CLERK OF DISTRICT COURT  
DADE COUNTY, 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: Registered Agents Inc.  
Address: 7901 4th St N STE 300  
St. Petersburg, FL 33702

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Amanda J. Beren  
Address: 31416 Agoura Rd., Suite 118  
Westlake Village, CA 91361

**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

5-27-19

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

19 MAY 28 10:54 AM  
CLERK OF STATE  
TALLAHASSEE, FL 32304  
Date: 5/28/19