

P19000086927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

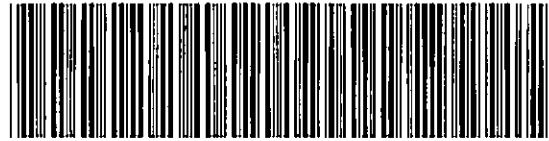
(Business Entity Name)

(Document Number)

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

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NOV 06 2019

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 NOV -6 PM 1:53

**COVER LETTER**

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

MELA CORP.

**SUBJECT:** \_\_\_\_\_  
(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: \_\_\_\_\_  
Name (Printed or typed)  
407 LINCOLN ROAD SUITE 9A  
\_\_\_\_\_  
Address  
MIAMI BEACH FLORIDA 33139  
\_\_\_\_\_  
City, State & Zip  
305-534-9292  
\_\_\_\_\_  
Daytime Telephone number  
BRITOANDBRITO@AOL.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: MELA CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

815 ORTEGA AVENUE

815 ORTEGA AVENUE

CORAL GABLES FLORIDA 33134

CORAL GABLES FLORIDA 33134

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL ACTIVITIES PERMITTED UNDER THE LAWS OF THE STATE OF FLORIDA AND THE UNITED STATES OF AMERICA

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: ALBERTO ELIAS PRESIDENT

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

Address: 815 ORTEGA AVENUE

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

CORAL GABLES FL 33134

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

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

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

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

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

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

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

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

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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: BRITO AND BRITO ACCOUNTING USA  
 Address: 407 LINCOLN ROAD SUITE 9A  
 MIAMI BEACH, FLORIDA 33139

**ARTICLE VII INCORPORATOR**

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

Name: ALBERTO ELIAS  
 Address: 815 ORTEGA AVENUE  
 CORAL GABLES FL 33134

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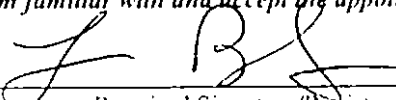
**ARTICLE VIII EFFECTIVE DATE:**

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.)

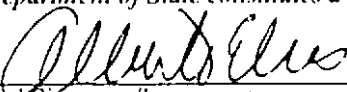
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

10/30/19  
 \_\_\_\_\_  
 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

10-30-19  
 \_\_\_\_\_  
 Date

P190000086927

I ALBERT ELIAS AM THE OWNER OF MELA INC, WITH THE DOCUMENT NUMBER OF P99000022069. I HAVE NO INTENTIONS ON REINSTATING THE ENTITY AS A CORPORATION. PLEASE PUSH THROUGH WITH THE NEW FILING AS MELA INC, WITH THE TRACKING NUMBER OF \_\_\_\_\_

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