

1/3/2020

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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

From:  
 Account Name : E & F LATIN GROUP LLC  
 Account Number : I20160000049  
 Phone : (954)384-8565  
 Fax Number : (954)385-5175

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

Email Address: Luz@eflatinaccounting.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**MTK SUPPLY INTERNATIONAL CORP**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 BUREAU OF COMMERCIAL  
 INFORMATION SERVICES

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Corporate Filing Menu

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DOCUMENT  
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**COVER LETTER**

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

**SUBJECT:** MTK SUPPLY INTERNATIONAL CORP

(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** E&F LATIN GROUP LLC

Name (Printed or typed)

1820 N CORPORATE LAKES BLVD SUITE 109

Address

WESTON, FL 33326

City, State & Zip

954 384 8565

Daytime Telephone number

LUZ@EFLATINACCOUNTING.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: MTK SUPPLY INTERNATIONAL CORP

ARTICLE II PRINCIPAL OFFICE  
Principal ~~street~~ address Mailing address, if different is:  
621 SIESTA KEY DR APT 3217  
DEERFIELD BEACH FL 33441

ARTICLE III PURPOSE  
The purpose for which the corporation is organized is: All Lawfull Purposes

ARTICLE IV SHARES  
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>CARLOS F. BORJA - DIR</u>	Name and Title:	<u>MONICA M. VELARDE - DIR</u>
Address	<u>621 SIESTA KEY DR APT 3217</u> <u>DEERFIELD BEACH FL 33441</u>	Address:	<u>621 SIESTA KEY DR APT 3217</u> <u>DEERFIELD BEACH FL 33441</u>
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		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: E&F LATIN GROUP LLC

Address: 1820 N CORPORATE LAKES BLVD

SUITE 109, WESTON, FL 33326

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: LUZ ESPITIA

Address: 1820 N CORPORATE LAKES BLVD

SUITE 109, WESTON, FL 33326

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 01/02/2020. (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*

*[Signature]*

Required Signature/Registered Agent

01/03/2020

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.*

*[Signature]*

Required Signature/Incorporator

01/03/2020

Date