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From:

THE

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COVER LETTER

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H200000 308953

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

SUBJECT: MDA 7 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 ☐ \$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: MANI BAJRACHARYA

Name (Printed or typed)

464 SE MONTEREY RD

Address

STUART, FL 34994

City, State & Zip

561-294-3500

Daytime Telephone number

avesta.usa@gmail.com

E-mail address: (to be used for future annual report notification)

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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)

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ARTICLE I NAME

The name of the corporation shall be: MDA 7 INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

464 SE MONTEREY RD

464 SE MONTEREY RD

STUART, FL 34994

STUART, FL 34994

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: 1,000 SHARES AT \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MANI BAJRACHARYA - PD

Name and Title: DENNIS SHAHI- VPSD

Address: 2658 SAWYER TER
WELLINGTON, FL 33414

Address: 4205 NAPOLI LAKE DR
WEST PALM BCH, FL 33410

Name and Title: AJIT KIRTANIYA - VPDT

Name and Title:

Address: 2400 NE INDIAN RIVER DR
JENSEN BEACH, FL 34957

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: MANI BAJRACHARYA
Address: 2658 SAWYER TER
WELLINGTON, FL 33414

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MANI BAJRACHARYA
Address: 2658 SAWYER TER
WELLINGTON, FL 33414

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

M. BAJRACHARYA

Required Signature/Registered Agent

01/27/2020

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.

M. BAJRACHARYA

Required Signature/Incorporator

01/27/2020

Date