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(((H20000030895 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : AVA FINANCIAL CONSULTANTS INC

Account Number: 120170000094 : (954)842-1979 Fax Number : (954)905-4315

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Email Address: AVESTA · USA

FLORIDA PROFIT/NON PROFIT CORPORATION MDA 7 INC

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COVER LETTER

H200000 308953

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

JECT:	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
losed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
□ \$70.00 Filing Fee	• • • •	\$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	ANI BAJRACHARYA Name SE MONTEREY RD	e (Printed or typed)	
		Address	
sm	JART, FL 34994	Addiess	
	City,	State & Zip	 :
561	-294-3500		Sales A
_	Daytime T	elephone number	<u> </u>
ave	sta.usa@gmail.com		
			

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)

3/	14
7	1

ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: 464 SE MONTEREY RD STUART, FL 34994 ARTICLE IV PURPOSE The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ANY AND ALL LAWFUL BUSINESS ANY AND ALL LAWFUL BUSINESS ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: MANI BAJRACHARYA - PD Name and Title: Address Name and Title: Address Address: Address: Address: Name and Title: Address: Address: Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: Address: Name and Title: Address: Address: Name and Title: Address: Address: Address: Address: Name and Title: Address: Address: Address: Address: Name and Title: Address: Address: Name and Title: Address: Address:	The name of the comor	The name of the corporation shall be: MDA 7 INC		H200000308953		
STUART, FL 34994 STUART, FL 34994 ARTICLE IV PURPOSE The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ANY AND ALL LAWFUL BUSINESS ARTICLE V SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: MANI BAJRACHARYA - PD Address VELLINGTON, FL 33414 Name and Title: Name and Title: Address: AIT KIRTANIYA - VPDT Address: Address: AIT KIRTANIYA - VPDT Address: Address: Address: Address: Address: Address: Address: Address: Address: Name and Title:		<u>CIPAL OFFICE</u>		Mailing address, if different is:		
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The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: I,000 SHARES AT \$1.00 PAR VALUE ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: MANI BAJRACHARYA - PD Name and Title: 2658 SAWYER TER WELLINGTON, FL 33414 Name and Title: Address Address: Address: Address: Address: Address: Address: Name and Title: Address: Name and Title:	STUART, FL 34994					
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: MANI BAJRACHARYA - PD Name and Title: DENNIS SHAHI- VPSD Address 2658 SAWYER TER Address: 4205 NAPOLJ LAKE DR WELLINGTON, FL 33414 WEST PALM BCH, FL 33410 Name and Title: AJIT KIRTANIYA - VPDT Name and Title: - 2	ARTICLE III PURP. The purpose for which	OSE the corporation is organized is:	AND ALL LAWFUL B	USINESS		
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Address Address Address Address Address WEST PALM BCH, FL 33410						
Name and Title: Address 2400 NE INDIAN RIVER DR JENSEN BEACH, FL 34957 Name and Title: Name and Title: Name and Title: Name and Title:	Name and Title			DENNIS SHAHI- VPSD		
Name and Title: Address 2400 NE INDIAN RIVER DR JENSEN BEACH, FL 34957 Name and Title: Name and Title: Name and Title: Name and Title:		e: MANI BAJRACHARYA - PD	Name and Title:			
Address: JENSEN BEACH, FL 34957 Name and Title: Name and Title:		MANI BAJRACHARYA - PD 2658 SAWYER TER	Name and Title: Address:	4205 NAPOLI LAKE DR		
Name and Title: Name and Title:	Address	MANI BAJRACHARYA - PD 2658 SAWYER TER WELLINGTON, FL 33414 AJIT KIRTANIYA - VPDT	Name and Title; Address:	4205 NAPOLI LAKE DR WEST PALM BCH, FL 33410		
	Address Name and Title	MANI BAJRACHARYA - PD 2658 SAWYER TER WELLINGTON, FL 33414 AJIT KIRTANIYA - VPDT	Name and Title: Address: Name and Title:	4205 NAPOLI LAKE DR WEST PALM BCH, FL 33410		
	Address Name and Title	MANI BAJRACHARYA - PD 2658 SAWYER TER WELLINGTON, FL 33414 AJIT KIRTANIYA - VPDT 2400 NE INDIAN RIVER DR	Name and Title: Address: Name and Title:	4205 NAPOLI LAKE DR WEST PALM BCH, FL 33410		
Address Address:	Address Name and Title Address	MANI BAJRACHARYA - PD 2658 SAWYER TER WELLINGTON, FL 33414 AJIT KIRTANIYA - VPDT 2400 NE INDIAN RIVER DR JENSEN BEACH, FL 34957	Name and Title: Address: Name and Title: Address: Address:	4205 NAPOLI LAKE DR WEST PALM BCH, FL 33410		
	Address Name and Title Address Name and Title:	MANI BAJRACHARYA - PD 2658 SAWYER TER WELLINGTON, FL 33414 AJIT KIRTANIYA - VPDT 2400 NE INDIAN RIVER DR JENSEN BEACH, FL 34957	Name and Title: Address: Name and Title: Address: Address:	4205 NAPOLI LAKE DR WEST PALM BCH, FL 33410		

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Name a	and Title:	Name and Title:	
Addres	ss	Address:	
•	•		
ARTICLE VI	REGISTERED AGENT		
Name:	Florida street address (P.O. Box NOT acceptab MANI BAJRACHARYA	le) of the registered agent is:	
Address:	2658 SAWYER TER		
	WELLINGTON, FL 33414		20
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The <u>name and a</u>	address of the Incorporator is:		=======================================
Name:	MANI BAJRACHARYA	·	
Address:	2658 SAWYER TER		
	WELLINGTON, FL 33414	<u></u>	
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and ca	(OPTIONAL) nnot be more than five days pr	ior or 90 days after the
Note: If the dat the document's	e inserted in this block does not meet the applicate effective date on the Department of State's recon	able statutory filing requirements. ds.	, this date will not be listed as
Having been na this certificate, l	med as registered agent to accept service of pro am familiar with and accept the appointment a	cess for the above stated corpord registered agent and agree to ac	ntion at the place designated in it in this capacity
<u>. </u>	M, BAJRACHARYI	+	01/27/2020
	Required Signature/Registered Agent		Date
I submit this do document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the fa elony as provided for in s.817.15	lse information submitted in 6 5, F.S.
<u> </u>	N. BATRACHARY		01/27/2020
Requ	tired Signature/Incorporator		Date

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