

P20000022937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

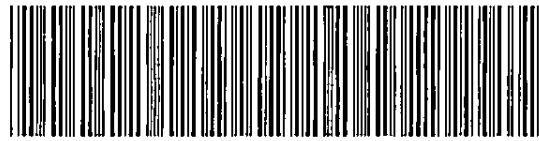
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAR 17 AM 10:36

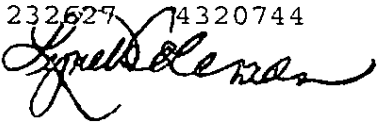
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MAR 18 2020
K. Brumbley

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 232627 4320744

AUTHORIZATION : 

COST LIMIT : \$ 70.00

ORDER DATE : March 17, 2020

ORDER TIME : 11:59 AM

ORDER NO. : 232627-005

CUSTOMER NO: 4320744

DOMESTIC FILING

NAME: MYSTRA INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson - EXT.

COVER LETTER

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

SUBJECT: Mystra 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Daniel Bekele, Esq.
Name (Printed or typed)

c/o Loeb, Block & Partners LLP, 505 Park Avenue, 8th Floor
Address

New York, NY 10022
City, State & Zip

(212) 755-5510
Daytime Telephone number

dbekele@loebblock.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: Mystra Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address <u>c/o Loeb, Block & Partners, LLP</u> <u>505 Park Avenue, 8th Floor</u> <u>New York, NY 10022</u>	Mailing address, if different is: _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
Any lawful purpose permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000, no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Anil Beharry, Director, President,</u> <u>Secretary, and Treasurer</u> Address: _____ <u>191 Charlotte Street, Lacytown</u> <u>Georgetown, GUYANA</u>	Name and Title: <u>Suresh Beharry, Director</u> Address: _____ <u>65 New Haven</u> <u>Georgetown, GUYANA</u>
Name and Title: <u>Daniel Bekele, Assistant Secretary</u> Address: <u>c/o Loeb, Block & Partners, LLP</u> <u>505 Park Avenue, 8th Floor</u> <u>New York, NY 10022</u>	Name and Title: _____ Address: _____ _____ _____
Name and Title: _____ Address: _____ _____ _____	Name and Title: _____ Address: _____ _____ _____

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SEC. OF STATE
TALLAHASSEE, 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: Corporation Service Company _____

Address: 1201 Hays Street _____

Tallahassee, FL 32301 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daniel Bekele, Esq. _____

Address: 505 Park Avenue, 8th Floor _____

New York, NY 10022 _____

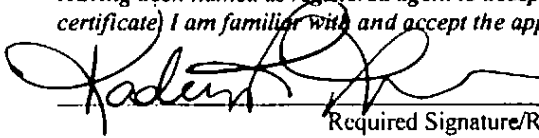
ARTICLE VIII EFFECTIVE DATE:

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



Kadesha Roberson
Asst. Vice President

Required Signature/Registered Agent

3/17/20

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

03/16/2020

Date