

P20000022937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

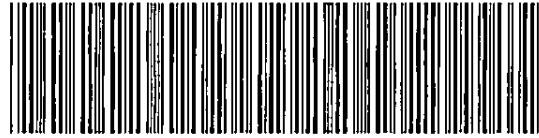
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

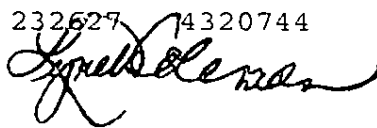
2020 MAR 17 AM 11:40

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

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ORDER DATE : March 17, 2020

ORDER TIME : 11:59 AM

ORDER NO. : 232627-005

CUSTOMER NO: 4320744  
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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      ☐ \$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:** 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

c/o Loeb, Block & Partners, LLP

505 Park Avenue, 8th Floor

New York, NY 10022

Mailing address, if different is:

**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: Anil Beharry, Director, President,  
Secretary, and Treasurer

Address

191 Charlotte Street, Lacytown

Georgetown, GUYANA

Name and Title: Suresh Beharry, Director

Address:

65 New Haven

Georgetown, GUYANA

Name and Title: Daniel Bekele, Assistant Secretary

Address

c/o Loeb, Block & Partners, LLP

505 Park Avenue, 8th Floor

New York, NY 10022

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

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

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

Address

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

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

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SECRETARY 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