

**P2000077016**

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 : L & R INTERNATIONAL FIRM INC  
Account Number : 120200000026  
Phone : (786)413-4344  
Fax Number : (305)222-9804

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

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
MAD 98 INC**

Certificate of Status	0
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Page Count	04
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Corporate Filing Menu

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2020 OCT -2 PM 1:19

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## COVER LETTER

H20000343260 3

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

SUBJECT: MAD 98 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 E SALAS

Name (Printed or typed)

6778 W FLAGLER ST

Address

MIAMI, FL 33144

City, State &amp; Zip

786-589-0118

Daytime Telephone number

danielsalasmillan@gmail.com

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

**NOTE: Please provide the original and one copy of the articles.**

2020 OCT -2 PM 3:56  
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H20000343260 3

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H20000343260 3

**ARTICLE I NAME**The name of the corporation shall be: MAD 98 INC**ARTICLE II PRINCIPAL OFFICE**Principal street address6778 W FLAGLER ST  
MIAMI, FL 33144

Mailing address, if different is:

8778 W FLAGLER ST  
MIAMI, FL 33144**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: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DANIEL E SALAS / PRESIDENT

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

Address 6778 W FLAGLER ST  
MIAMI, FL 33144

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

2020 OCT -2 PM 3:56  
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FL

H20000343260 3

H20000343260 3

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: L&R INTERNATIONAL FIRM INC  
Address: 8410 W FLAGLER ST STE 205  
MIAMI, FL 33144

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

Name: OSCAR LOPEZ  
Address: 8410 W FLAGLER ST STE 205  
MIAMI, FL 33144

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 10/02/2020 (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*

Oscar Lopez 10/02/2020  
Required Signature/Registered Agent 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.*

Oscar Lopez 10/02/2020  
Required Signature/Incorporator Date

2020 OCT -2 PM 3:56  
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H20000343260 3