

P2100000 6343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

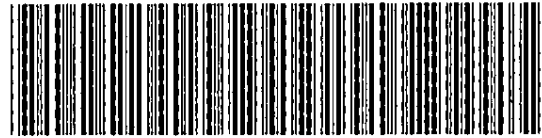
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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2021 JAN 29 PM 1:23

2021 JAN 29 AM 10:25

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 1/28/21

****WALK IN****

ENTITY NAME MADISON DE LA BETE INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

2
✓
✓
✓

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 78.75

ACCOUNT # I20140000108
United Corporate
Services, Inc.

Keith Leppard

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: MAISON DE LA BETE 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: GUZAL CONTRERA

Name (Printed or typed)

55 SW 9TH STREET, #3010

Address

MIAMI, FL 33130

City, State & Zip

917-536-5451

Daytime Telephone number

GCONTRERA89@GMAIL.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: Maison de la Bete Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

55 SW 9th Street, Apt. 3010

Miami FL 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in any lawful act or activity for which corporations may be organized under the corporation laws of the State of
Florida.

ARTICLE IV SHARES

The number of shares of stock is: 200 shares with \$0.01 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Guzal Contrera, President and Secretary

Name and Title: _____

Address

55 SW 9th Street, Apt. 3010

Address: _____

Miami FL 33130

Name and Title: Guzal Contrera, Director

Name and Title: _____

Address

55 SW 9th Street, Apt. 3010

Address: _____

Miami FL 33130

Name and Title: _____

Name and Title: _____

Address

Address: _____

2021 JAN 29 AM 10:26

1139

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 Guzel Contrera

Address 55 SW 9th Street, Apt. 3010

Miami, FL 33130

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name Oskar Friedman

Address 7 Barlow Dr N

Brooklyn, NY 11234

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 business days prior or 90 business 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.


Required Signature/Registered Agent

01/27/2021

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.

Oskar Friedman

Required Signature Incorporator

01/27/2021

Date