

## Florida Department of State

Division of Corporations  
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## To:

Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**MULTI ROYAL ELECTRONIC, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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CORPORATIONS  
COMMERCIAL  
SERVICES

**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: MULTI ROYAL ELECTRONIC, INC

**ARTICLE II PRINCIPAL OFFICE**Principal street address

14717 SW 25TH ST

Mailing address, if different is:

14717 SW 25TH ST

MIAMI, FL 33185

MIAMI, FL 33185

**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: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: P: ANTONIO NOMNON-KAVAM

Name and Title:

Address

14717 SW 25TH ST

Address:

MIAMI, FL 33185

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ANTONIO NOMNON-KAVAM  
Address: 14717 SW 25TH ST  
MIAMI, FL 33185

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ANTONIO NOMNON-KAVAM  
Address: 14717 SW 25TH ST  
MIAMI, FL 33185

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/26/2021 (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*

X \_\_\_\_\_  
Required Signature/Registered Agent

03/26/2021

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.*

X \_\_\_\_\_  
Required Signature/Incorporator

03/26/2021

Date