

From:17189252027 To:18506176381

5/19/2021

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FILE IT USA INC.
Account Number : I20190000121
Phone : (718)925-2025
Fax Number : (718)925-2027

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

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FLORIDA PROFIT/NON PROFIT CORPORATION

Malka Associates Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
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5/24/21
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May 21, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILE IT USA INC

SUBJECT: MALKA ASSOCIATES INC
REF: W21000073330

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the title for Barry Koman,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Shareta Backey
Regulatory Specialist II

FAX Aud. #: B21000201250
Letter Number: 121A00010849

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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: Malka Associates Inc

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>14426 Amberly Ln, suite 602</u> <u>Delray Beach, FL 33446</u>	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Consulting and all investment purposes.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Barry Korman, Officer</u>	Name and Title: _____
----------------------------------------------	-----------------------

Address <u>14426 Amberly Ln, suite 602</u>	Address: _____
<u>Delray Beach, FL 33446</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
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Address _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
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Address _____	Address: _____
_____	_____
_____	_____

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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: Corporate Creations Network Inc.
 Address: 801 US Highway 1
North Palm Beach, FL 33408

ARTICLE VII INCORPORATOR

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

Name: Miriam Schwartz
 Address: 408 South 5th St
Brooklyn, NY 11211

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

Lauren Underwood Lauren Underwood, Special Secretary 05/19/2021
 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.

Miriam Schwartz 5/19/21
 Required Signature/Incorporator Date

CD
 5/19/21

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