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Division of Corporations

P220000061423
Florida Department of State
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(((H22000006142 3)))



H220000061423ABCR

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TALLAHASSEE, FLORIDA

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

Email Address: contact@interstatefilings.com

FLORIDA PROFIT/NON PROFIT CORPORATION
MODEII CAPITAL INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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January 12, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INTERSTATE FILINGS LLC

SUBJECT: MODEH CAPITAL INC
REF: W22000003942

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.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Tammi Cline

FAX Aud. #: H22000006142

Regulatory Specialist II Supervisor

Letter Number: 322A00000933

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: MODEH CAPITAL INC.

<u>ARTICLE II</u> <u>PRINCIPAL OFFICE</u> Principal <u>street</u> address <u>500 NE 152ND STREET</u> <u>MIAMI, FL 33162</u>	Mailing address, if different is: <u>500 NE 152ND STREET</u> <u>MIAMI, FL 33162</u>
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ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

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ARTICLE IV SHARES 200
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>ABRAHAM COHEN, CEO</u>	Name and Title: _____
Address: <u>500 NE 152ND STREET</u>	Address: _____
<u>MIAMI, FL 33162</u>	_____

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

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

Name and Title:Address:

Name and Title:Address:

ARTICLE VI REGISTERED AGENT

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

Name:ABRAHAM COHEN

Address:500 NE 152ND STREET

MIAMI, FL 33162

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name:ABRAHAM COHEN

Address:500 NE 152ND STREET

MIAMI, FL 33162

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.

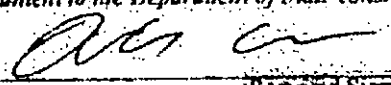


Required Signature/Registered Agent

1/4/2022

Date

I submit this document and affirm that the facts stated herein are true. I was 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

1/4/2022

Date