

4/22/22, 9:47 AM

Division of Corporations

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : SOSME ACCOUNTING & TAX SERVICES LLC
Account Number : I20200000102
Phone : (954)998-1035
Fax Number : (954)573-1480

****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

MHARYTA CORP

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

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2022 APR 22 AM 10:36

DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2022 APR 22 AM 8:56

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: MHARYTA CORP.
(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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: SUSANA BRICENO
Name (Printed or typed)

7900 OAK LANE SUITE 400
Address

MIAMI LAKE FL 33016
City, State & Zip

(407) 283-4241
Daytime Telephone number

Susy23_44@hotmail.com
E-mail address: (to be used for future annual report notification)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: MHARYTA CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
7900 OAK LANE SUITE 400
MIAMI LAKES FL 33016Mailing address, if different is:
7900 OAK LANE SUITE 400
MIAMI LAKES FL 33016**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ALL AND ANY LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SUSANA BRICENO PRESIDENTAddress: 10908 W 32ND LN
HIALEAH FL 33018

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2022 APR 22 AM 8:56
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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: SUSANA BRICENO
Address: 10908 W 32 ND LANE
HIALEAH FL 33018

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: SUSANA BRICENO
Address: 10908 W 32 ND LANE
HIALEAH FL 33018

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.

Susana Briceno

Required Signature/Registered Agent

04/22/2022

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.817.133, F.S.

Susana Briceno

Required Signature/Incorporator

04/22/2022

Date