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(Requestor's Name)

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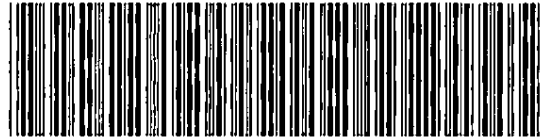
(Business Entity Name)

(Document Number)

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2022 AUG 22 PM 3:12

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Malka Capital Holdings Inc

Signature _____

Requested by: SETH

08/19/22

Name _____

Date _____

Time _____

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____ Art of Inc. File _____
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____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
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____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
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COVER LETTER

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

SUBJECT: Malka. Capital Holdings 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: Aviv Asoulin
Name (Printed or typed)

777 SW 37th Ave Suite 510
Address

Miami, FL 33135
City, State & Zip

786-837-6787
Daytime Telephone number

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

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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, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **Malka Capital Holdings Inc**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

777 SW 37th Ave Suite 510

Miami, FL 33135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

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ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Moshiko Malka Director** Name and Title: _____

Address **777 SW 37th Ave Suite 510** Address: _____
Miami, FL 33135 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: **EPGD Attorneys at Law, P.A.**
Address: **777 SW 37th Ave Suite 510**
Miami, FL 33135

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ARTICLE VII INCORPORATOR

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

Name: **EPGD Attorneys at Law, P.A.**
Address: **777 SW 37th Ave Suite 510**
Miami, FL 33135

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

Required Signature/Registered Agent

~~Text~~ 8/19/22
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.

Required Signature/Incorporator

8/19/2022
Date