

P23000079274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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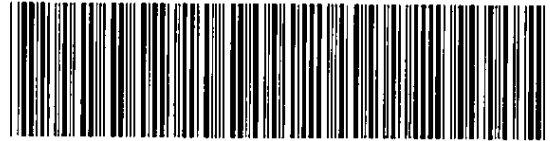
(Business Entity Name)

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2023 OCT 27 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 OCT 27 PM 5:10

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: BROOK 10/27

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DOMESTICATION

1. MADIS OVERSEAS CORP

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

Corrected



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2023

CORPORATE ACCESS, INC.

SUBJECT: MADIS OVERSEAS CORP.
Ref. Number: W23000147555

We have received your document for and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the date of the original formation.,

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 023A00025108

RECEIVED
2023 NOV -8 PM 1:12
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
DIRECTOR'S OFFICE

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Madis Overseas Corp.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

18800 NE 29 AVE UNIT 418

AVENTURA, FL 33180

Mailing Address

18800 NE 29 AVE UNIT 418

AVENTURA, FL 33180

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Any lawful business

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 50,000

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

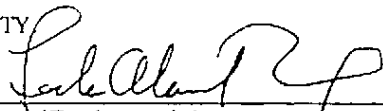
*THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:*

Rozencwaig & Nadel, LLP

301 W. Hallandale Beach Blvd

Hallandale Beach, Florida 33009

HAVING BEEN NAMED AS REGISTERED AGENT AND 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



Signature/Registered Agent

10/27/2023

Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: GIDEON KORNBLUTH SEINFELD

Address: Director/President

18800 NE 29 AVE, UNIT 418

AVENTURA, FL 33180

Name & Title: TSVI I. KORNBLUTH SEINFELD

Address: Director/President

18800 NE 29 AVE, UNIT 418

AVENTURA, FL 33180

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

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

DocuSigned by:

Gideon Kornbluth

EC9E24316DF1406...

Signature/Authorized Person

10/27/2023

Date