

*P240002606*  
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Division of Corporations  
Florida Department of State  
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To:  
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Account Number : I20140000060  
Phone : (305)406-3800  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
MDL ENTERPRISES USA CORP**

Certificate of Status	0
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*W24000047535*

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## **AFFIDAVIT**

BEFORE ME, the undersigned authority, on this day personally appeared **HAJAGHAIE MARYAM L**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **MDL ENTERPRISES USA CORP**, a Florida corporation to be filed with the Florida Department of State on or about March 16, 2024.
2. The undersigned hereby consents to and authorizes the use by **MDL ENTERPRISES USA CORP**, of the name **MDL ENTERPRISES USA CORP**.
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

  
HAJAGHAIE MARYAM L

STATE OF FLORIDA       )  
                                  ) SS:  
COUNTY OF MIAMI-DADE )

PERSONALLY appeared before me, **HAJAGHAIE MARYAM L**, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this day 16 of March 2024.

  
Notary Public Signature

**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: MDL ENTERPRISES USA CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6724 CROOKED PALM TER

MIAMI LAKES, FL 33015

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: HAJAGHAIE MARYAM L (P)

Name and Title: \_\_\_\_\_

Address

6724 CROOKED PALM TER

Address: \_\_\_\_\_

MIAMI LAKES FL 33015

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: HAJAGHAIE MARYAM L  
Address: 6724 CROOKED PALM TER  
MIAMI LAKES FL 33015

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: HAJAGHAIE MARYAM L  
Address: 6724 CROOKED PALM TER  
MIAMI LAKES FL 33015

**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*

HAJAGHAIE MARYAM L  
Required Signature/Registered Agent

03/16/2024  
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.*

HAJAGHAIE MARYAM L  
Required Signature/Incorporator

03/16/2024  
Date