

Florida Department of State

Division of Corporations

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To:

Division of Corporations

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From:

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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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MEGSHI ENTERPRISES INC

Certificate of Status	0
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Page Count	02
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CORPORATION DIVISION

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MS

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: MEGSHI ENTERPRISES INC

<u>ARTICLE II PRINCIPAL OFFICE</u>	Principal <u>street</u> address	Mailing address, if different is:
	2765 VIA CIPRIANI UNIT 1235A	2765 VIA CIPRIANI UNIT 1235A
	CLEARWATER, FL 33764	CLEARWATER, FL 33764

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may be organized.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	HELEDIO MEKSHI- President	Name and Title:	
Address	2765 VIA CIPRIANI UNIT 1235A		
	CLEARWATER, FL 33764		

Name and Title:	MEGI DUHANXHIU-VP	Name and Title:	
Address	2765 VIA CIPRIANI UNIT 1235A		
	CLEARWATER, FL 33764		

Name and Title:		Name and Title:	
Address		Address:	

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02

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: HELEDIO MEKSHI
Address: 2765 VIA CIPRIANI UNIT 1235A
CLEARWATER, FL 33764

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HELEDIO MEKSHI
Address: 2765 VIA CIPRIANI UNIT 1235A
CLEARWATER, FL 33764

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 business days prior or 90 business 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

12/17/24
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

12/17/24
Date