

P25000003490

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
MADAR FINANCIAL CORP**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

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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: MADAR FINANCIAL CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

11231 US HWY 1 #432

NORTH PALM BEACH, FL 33408

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YUVAL MADAR, DIRECTOR

Name and Title: _____

Address 11231 US HWY 1 #432

Address: _____

NORTH PALM BEACH, FL 33408

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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[REDACTED]

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: REGISTERED AGENT SOLUTIONS, INC.Address: 2894 REMINGTON GREEN LN. STE. ATALLAHASSEE, FLORIDA 32308**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: YUVAL MADARAddress: 11231 US HWY 1 #432NORTH PALM BEACH, FL 33408**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*/s/ Naomi Ostopowicz, Assistant Secretary on Behalf of Registered Agent Solutions, Inc. 01/17/2025

Required Signature/Registered Agent

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./S/ YUVAL MADAR

Required Signature/Incorporator

01/17/2025

Date

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TALLAHASSEE, FL
F. S. S. C.