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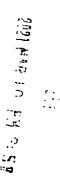
| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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CORPORATE

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INC.

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WALK IN

| | PICK T | UP: 03/10/2021 |
|-----------|----------------------------|----------------|
| | | |
| | CERTIFIED COPY | |
| x | РНОТОСОРУ | |
| | CUS | |
| X | FILING | ARTICLES |
| | M-BAR USA INC | |
| | (CORPORATE NAME AND DOCUME | NT #) |
| , | (CORPORATE NAME AND DOCUME | NT #) |
| | (CORPORATE NAME AND DOCUME | :NT #) |
| • | (CORPORATE NAME AND DOCUME | NT #) |
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| - | (CORPORATE NAME AND DOCUME | NT #) |
| [A] RU | CTIONS: | |
| | | |
| | | |

COVER LETTER

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

| SUBJECT: | M-Bar USA Inc. | | | |
|-------------------------|--|---------------------------------------|---|--|
| | (PROPOSED CORPOR. | NTE NAME – <u>MUST INCL</u> | UDE SUFFIX) | |
| Enclosed are an orig | ginal and one (1) copy of the ar | ticles of incorporation and | l a check for: | |
| ☑ \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | ☐ \$78.75 Filing Fee & Certified Copy | ☐ \$87.50 Filing Fee, Certified Copy & Certificate o Status | |
| | | ADDITIONAL CO | PY REQUIRED | |
| FROM: | | e (Printed or typed) | nt 240 | |
| | 00 E. Royal Pa | Address | μι. 240 | |
| | Boca Raton, FL 33432 | | | |
| • | | 82-0599 | | |
| | | tina@icloud | l.com | |

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| <u>RTICLE II PR</u> | INCIPAL OFFICE Principal <u>street</u> address | Mailing address, if different is: |
|-------------------------------------|--|-----------------------------------|
| 0 E. Royal Palm f | Road, Apt. 24C, Boca Raton, FL 33432 | |
| RTICLE III PU ne purpose for whi | RPOSE any and ich the corporation is organized is: | all lawful busines |
| | | |
| | | |
| | | |
| | | TALL HAR |
| RTICLE IV SH ne number of share | | 10 |
| RTICLE V INI | | 1H 7: 28 |
| Address | 300 E. Royal Palm Roaddress Apt. 24C | s: |
| | Boca Raton, FL 33432 | |
| Name and T | itle: Dario Gristina/V Name a | nd Title: |
| Address | 300 E. Royal Palm Road | 5: |
| | Apt 24C | |
| | Boca Raton, FL 33432 | |
| Name and T | itle: Name a | nd Title: |
| | | |

| Name and Title: | Name and Title: |
|---|---|
| Address | Address: |
| | |
| - | |
| | |
| ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address (P.O. Box NOT acco | eptable) of the registered agent is: |
| Name: Evan D. Appell, P.A | <u>. </u> |
| Address: 1001 Yamato Road, | , Suite 401 |
| Boca Raton, FL 3 | 3431 |
| | |
| ARTICLE VII INCORPORATOR | |
| The name and address of the incorporator is: | |
| Name: Travis Gristina | |
| Address: 300 E. Royal Pal | m Road, Apt. 24C |
| Boca Raton, FL | 33432 |
| | |
| ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: | 0.000 |
| (If an effective date is listed, the date must be specific as | (OPTIONAL) nd 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 a the document's effective date on the Department of State's | pplicable statutory filing requirements, this date will not be listed as records. |
| · | |
| Having been named as registered agent to accept service of certificate, I am familiar with and accept the appointment a | process for the above stated corporation at the place designated in this |
| | • • |
| Required Signature/Registered A | gent Date |
| I submit this document and affirm that the facts stated he | erein are true. I am aware that the false information submitted in a |
| document to the Department of State constitutes a third tieg | ree felony as provided for in s.817.155, F.S. |
| Required Signature/Incorporator | Date 3/10/2021 |
| required Signature/incorporator | Date. |
| V | |