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

400003248574---E -05/11/00--01077--008 ******70.00 *****70.00

Concept Holdings, Inc. SUBJECT: (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 \$78.75 □\$122.50 ☐ \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED Ira Gurin FROM: Name (Printed or typed) 2840 NE 25th Street Address Fort Lauderdale, Florida 33305 City, State & Zip 954-957-9253

OR 5/15

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

Daytime Telephone number

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Concept Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2840 NE 25th Street Fort Lauderdale, Florida 3330**g**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

999

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Ira Gurin 2840 NE 25th Street Fort Lauderdale, Florida 3330

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Ira Gurin 2840 NE 25th Street Fort Lauderdale, Florida 3330**5**

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date