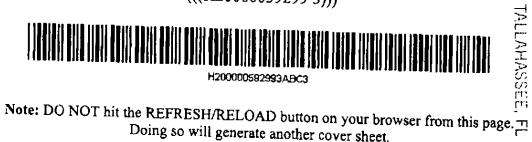


Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000059299 3)))



Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 Phone : (954)842-2931 Fax Number : (954)842-2936

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 33 GENERATIONS, CORP.

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COVER LETTER

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

SUBJECT: 33 GENERATIONS, CORP.						
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)			
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:			
⊠ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status			
		ADDITIONAL COPY REQUIRED				
FROM:		RP. (Printed or typed)				
	1201 S OCEAN DR. AF					
	_ ∧	ddress				
	HOLLYWOOD, FL 33019					
		State & Zip				
_	(847)409-002	28				
	Daytime Te	lephone number	-			
	RUSPUTINA2@G	MAIL.COM				
	E-mail address: (to be used	for future annual report n	otification)			

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

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

	oration shall be: 33 GENERATION	IS, CORP	•
ICLE II PRI	NCIPAL OFFICE Principal street address		
1201 S OCEA	N DR APT 1507S	Mailing address	
		1201 S OCEAN DR APT 1507S	
HOLLYWOOD, FL 33019		HOLLYWOOD	D, FL 33019
ICLE III PUN purpose for whic	POSE h the corporation is organized is: A	NY AND ALL LAWELL BEIGINESS	
			
			-
	· <u></u> -		
			
			200
ICLE IV SHA	<u>RES</u> of stock is: 100		1.4
			TARY OF
ICLE V INIT	IAL OFFICERS AND/OR DIRECTORS	•	22 O
Name and Ti			
Name and Ti	itle: YELENA ZAROVSKY - P	Name and Title:	STATE
		Name and Title:	
	1201 S OCEAN DR APT 1507S	Name and Title:Address:	STATE
	1201 S OCEAN DR APT 1507S	Name and Title:Address:	STATE
Address	1201 S OCEAN DR APT 1507S HOLLYWOOD, FL 33019	Name and Title:Address:	STATE
Address	1201 S OCEAN DR APT 1507S	Name and Title:Address:	STATE
Address Name and Tit	1201 S OCEAN DR APT 1507S HOLLYWOOD, FL 33018	Name and Title:Address:	STATE
Address Name and Tit	1201 S OCEAN DR APT 1507S HOLLYWOOD, FL 33018	Name and Title:Address:	STATE
Address Name and Tit	1201 S OCEAN DR APT 1507S HOLLYWOOD, FL 33018	Name and Title:Address:	STATE
Address Name and Tit Address	1201 S OCEAN DR APT 1507S HOLLYWOOD, FL 33019	Name and Title: Address: Name and Title: Address:	STATE
Address Name and Tit Address	1201 S OCEAN DR APT 1507S HOLLYWOOD, FL 33018	Name and Title: Address: Name and Title: Address: Name and Title:	STATE

Name and Title:		Name and Title:		
Address				
ARTICLE VI I	<u>REGISTERED AGENT</u> prida street address (P.O. Box NOT acceptable	e) of the registered agent is:	2020 FEB SECRET TALLA	
Name:	YELENA ZAROVSKY	_	B 21 TARY AHA	
Address:	1201 S OCEAN DR APT 1507S		ر م	
	HOLLYWOOD, FL 33019		PH 12: 4 OF STAT SEE, FL	
ARTICLE VII	NCORPORATOR		T ATE	
The name and ad-	dress of the incorporator is:			
Name:	YELENA ZAROVSKY			
Address:	1201 S OCEAN DR APT 1507S			
	HOLLYWOOD, FL 33019	<u>. </u>		
Effective date, if of (If an effective datiling.) Note: If the date is	ther than the date of filing: the is listed, the date must be specific and can nserted in this block does not meet the applica fective date on the Department of State's recon	anot be more than five days prior		
Having been name certificate, I am fa	rd as registered agent to accept service of proces miliar with and accept the appointment as regis	ss for the above stated corporation at stered agent and agree to act in this c	the place designated in this capacity	
	Yelena Zarovsky		02/21/2020	
	Required Signature/Registered Agent		Date	
I submit this docu document to the D	ment and affirm that the facts stated herein a epartment of State constitutes a third degree fel	ire true. I am aware that the false i lony as provided for in £817.155, F.S	nformation submitted in a	
	Yelena Zarovsky			
Required Signature	/Incorporator	Date -	02/21/2020	