

P200000 74214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

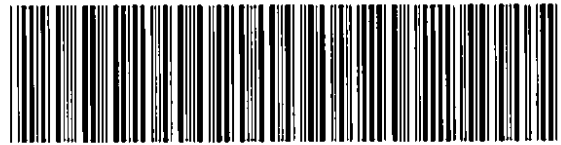
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special instructions to Filing Officer.

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2020 SEP 23 PM 12:11
C RICO
SEP 23 2020

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 9/22/2020

PRIORITY Routine

OUR REF.# (Order ID#) 854208

ORDER ENTITY
PENZIE GROUP, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:
PENZIE GROUP, INC. (FL)

Please file the attached articles and provide a certified copy as evidence.

NOTES:
\$78.75 Authorized
Email address for annual report reminders: Lisa@delaneycorporate.com

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: Penzie Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

17800 Atlantic Blvd, Apt. 205

North Miami Beach, Fl 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful act or activity for which a corporation may be formed in State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shlomo Antebi, Director

Name and Title: _____

Address 17800 Atlantic Blvd, Apt. 205

Address: _____

North Miami Beach, Fl. 33160

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2020 SEP 23 PM 12:11
STATE OF FLORIDA
SECRETARY OF STATE

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: Shlomo Antebi
 Address: 17800 Atlantic Blvd. Apt. 205
North Miami Beach, FL 33160

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Shlomo Antebi
 Address: 17800 Atlantic Blvd. Apt. 205
North Miami Beach, FL 33160

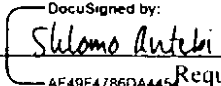
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

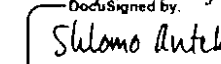
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

By:  September 22, 2020
 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.

 September 22, 2020
 Required Signature/Incorporator Date