

P 2000000 786 89

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H20000352243 3)))



H20000352243ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC
Account Number : 07535000353
Phone : (800)221-2972
Fax Number : (917)243-5843

2020 OCT -9 AM 10:11
CORPORATIONS
GENERAL
SERVICES

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
A Woman's Company Technologies Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2020 OCT -9 PM 4:40
FILED
ALLAH SEC...
20/10/20

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: A Woman's Company Technologies, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10840 NW 6th Street

10840 NW 6th Street

Plantation, FL, 33324

Plantation, FL, 33324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To engage in any lawful act or activity for which corporations may be organized.

FILED
2020 OCT -9 PM 4:40
CLERK OF DISTRICT COURT
11th DISTRICT
JACKSONVILLE, FL

ARTICLE IV SHARES

The number of shares of stock is: 200 NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patricia Verde, Director

Name and Title: Courtney Lipman, Director

Address: 10840 NW 6th Street

Address: 100 Tall Oak Crescent,

Plantation, FL, 33324

Syosset, NY 11791

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: Patricia Verde

Address: 10840 NW 6th Street
Plantation, FL, 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Patricia Verde

Address: 10840 NW 6th Street
Plantation, FL, 33324

RECEIVED
 DEPT. OF STATE
 2020 OCT -9 PM 4:40
 FILED


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 business days prior or 90 business 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:

x 
 Required Signature/Registered Agent

10/08/2020
 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.

x 
 Required Signature/Incorporator

10/08/2020
 Date