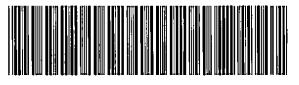
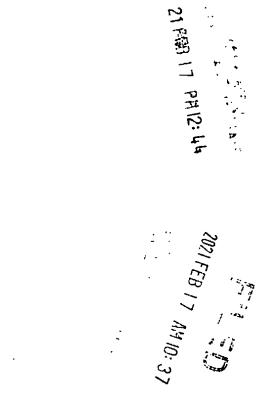
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(Requestor's Name)					
(Addre	ss)	<u></u>			
(Addre	ess)				
(City/S	itate/Zip/Phone	· #)			
PłCK-UP	☐ WAIT	MAIL			
(Busin	ess Entity Nam	ne)			
(Docu	ment Number)				
ertified Copies	Certificates	of Status			
Special Instructions to Fili	ng Officer:				

Office Use Only



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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

TO_ Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE: 2/16/2021

850-245-6051

PRIORITY : Routine

OUR REF_#_(Order_ID#)] 893092

ORDER ENTITY

JEET INC.

From the second		
PLEASE PERFORM THE FOLLOWING SERVICES:	_	 _
JEET INC. (FL)		

Please file the attached and provide a certified copy.

NOTES: \$78.75 Authorized

Email address for annual report reminders:-radiv@incserv.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

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.

Tuesday, February 16, 2021

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

name of the cor	poration shall be: JEET INC.				
0 Glen He	INCIPAL OFFICE Principal street address and Road, Suite 222 New York 11545	Mailing	address, if did	fferent is	5:
FICLE III PU purpose for whi	RPOSE ch the corporation is organized is: <u>Any a</u>	nd all lawful I	business	3.	
				:- '	202
					13.1
ICLE IV SII				•	17 AH
number of share	ARES			· •	AH 10:
number of share.	ARES s of stock is: 200 TIAL OFFICERS AND/OR DIRECTORS			· ·	AH 10: 38
number of share.	ARES s of stock is: 200 TIAL OFFICERS AND/OR DIRECTORS Title: Arnick Singh, Dir.	Name and Title:			AH 10: 38
number of share. <u>ICLE V INI</u> Name and '	ARES s of stock is: 200 TIAL OFFICERS AND/OR DIRECTORS Title: Arnick Singh, Dir.	Name and Title:			AH 10: 38
number of share. <u>ICLE V INI</u> Name and '	ARES s of stock is: 200 TIAL OFFICERS AND/OR DIRECTORS Fitle: Arnick Singh, Dir. 240 Glen Head Road	Name and Title: Address:			AH 10: 38
number of share. <u>ICLE V INI</u> Name and '	ARES s of stock is: 200 TIAL OFFICERS AND/OR DIRECTORS Fitle: Arnick Singh, Dir. 240 Glen Head Road Suite 222 Glen Head, New York 115	Name and Title: Address:			AH 10: 38
number of share. SICLE V INI Name and 1 Address	ARES s of stock is: 200 TIAL OFFICERS AND/OR DIRECTORS Fitle: Arnick Singh, Dir. 240 Glen Head Road Suite 222 Glen Head, New York 115	Name and Title: Address: 45 Name and Title:			AH IO: 38
Name and T	ARES s of stock is: 200 TIAL OFFICERS AND/OR DIRECTORS Title: Arnick Singh, Dir. 240 Glen Head Road Suite 222 Glen Head, New York 115	Name and Title: Address: 45 Name and Title: Address:			AH IO: 38
Name and T Address	ARES s of stock is: 200 TIAL OFFICERS AND/OR DIRECTORS Title: Arnick Singh, Dir. 240 Glen Head Road Suite 222 Glen Head, New York 115	Name and Title: Address: 45 Name and Title: Address:			AH 10: 38

Name and	Fitle:	Name and Title:
Address		Address:
ARTICLE VI RE	EGISTERED AGENT ida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	Incorporating Services, Lt	₫.
Address:	1540 Glenway Drive	<u>-</u>
-	Tallahassee, Florida 32301	-
<u>ARTICLE VII _IN</u>	CORPORATOR	
The <u>name and addi</u>	ress of the Incorporator is:	
Name:	Lawrence A. Kirsch	_
Address:	90 State Street, Suite	315
	Albany, New York 12207	-
Effective date, if off	FFECTIVE DATE: ter than the date of filing: is listed, the date must be specific and cannot	. (OPTIONAL) t be more than five days prior or 90 days after the
Note: If the date in the document's effe	serted in this block does not meet the applicable ctive date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having heen named certificate, I am fam	as registered agent to accept service of process fo illar with and accept the appointment as register	or the above stated corporation at the place designated in thi ed agent and agree to act in this capacity
Meliosa	Morenn	2/16/2021
,	Required Signature/Registered Agent	Date
I submit this docum document to the Dep	ent and affirm that the facts stated herein are partment of State constitutes a third degree felon	true. I am aware that the false information submitted in α as provided for in s.817.155, F.S.
	Lavence a Sisch	2/16/2021
Required Signature	Incorporator	Date

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