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DATE: 8/31/21

NAME: KOPRASH HOLDINGS, INC.

TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

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LED

COVER LETTER

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

SUBJECT: Koprash Holdings Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

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Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

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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: Koprash Holdings Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
c/o Moodys Tax Law LLP, 150 York Street,
Suite 1008, Toronto, Ontario M5H 3S5, Canada

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All lawful business in Florida

ARTICLE IV SHARES

The number of shares of stock is: 1,000 Common Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: George Koprash, President

Address: 150 York Street, Suite 1008
Toronto, Ontario M5H 3S5
Canada

Susan Koprash, Secretary
& Treasurer

Name and Title: _____
Address: 150 York Street, Suite 1008
Toronto, Ontario M5H 3S5
Canada

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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AH 10:25
L.D.

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: Paracorp Incorporated
Address: 155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: Michael Miller-McCreanor
Address: 2140 S Dupont Highway
Camden, DE 19934

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.

See Attached Consent

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.

/s/Michael Miller-McCreanor

8/31/2021

Required Signature/Incorporator

Date

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STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

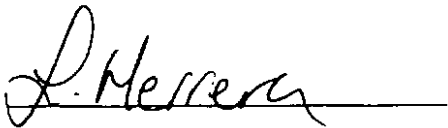
DATE: 8/31/2021

ENTITY NAME: Koprash Holdings Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Leticia Herrera, Assistant Secretary
Paracorp Incorporated

2021 AUG 31 AM 10:25

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