

P22000036539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

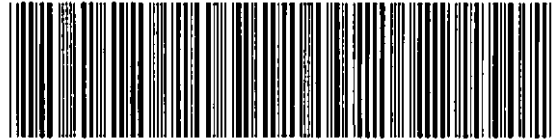
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/11/22--01011--006 **70.00

FILED
2022 MAY 11 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2022 MAY 11 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FL
FILED
2022 MAY 16 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FL

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue. Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 5/11 DANNY

CERTIFIED COPY _____

XX PHOTOCOPY _____

CUS _____

XX FILING _____

INC _____

1. GOTCHA COVERED BLINDS BH INC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

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

SUBJECT: Gotcha Covered Blinds BH 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: Mirit Zeller
Name (Printed or typed)

1000 South State rd 7
Address

Plantation FL 33317
City, State & Zip

(954) 362-7720
Daytime Telephone number

YAVAAHAM212@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2022

CORPORATE ACCESS

SUBJECT: GOTCHA COVERED BLINDS BH INC
Ref. Number: W22000061276

Corrected

We have received your document for GOTCHA COVERED BLINDS BH INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

No title for James William Haynes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 522A00010972

2

RECEIVED
2022 MAY 16 PM 1:03
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Gotcha Covered Blinds BH Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1100 South Miami Ave Apt 3404
Miami FL 33130

1100 South Miami Ave Apt 3404
Miami FL 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful Business

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SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ariel Marcus, President Name and Title: Yaniv Avraham, President

Address: 20140 West Dixie Hwy Address: 1100 South Miami Ave
Apt 24205 Apt 3404
Miami FL 33180 Miami FL 33130

Name and Title: James William Haynes, President Name and Title: _____

Address: 2170 Wilton Dr. Address: _____
Apt 212 _____
Wilton Minor, FL 33305 _____

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: Yaniv Avraham

Address: 1100 South Miami Ave Apt 3404
Miami, FL 33130

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 SECRETARY OF STATE
 TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Yaniv Avraham

Address: 1100 South Miami Ave Apt 3404
Miami, FL 33130


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.)

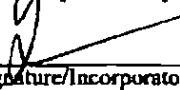
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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:


 Required Signature/Registered Agent

5/4/22
 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.


 Required Signature/Incorporator

5/4/22
 Date