5-Dec-2023 13:35 sion of Corporations

230000859

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.

(((H23000427913 3)))



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 : HUBCO

Account Number : 104662003400

Phone : (516)813-1184

Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: bari@bfcaccounting.com

FLORIDA PROFIT/NON PROFIT CORPORATION

1.618 design inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

H23000427913

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

e name of the corp	ME oration shall be:	1.618 design inc.	
-	INCIPAL OFFICE Principal street address		address, if different is:
RTICLE III PUI	RPOSE ch the corporation is organized is: Des	sign and develop ho	me and garden
			722
			200 B 公司 5
RTICLE IV SH.	ARES s of stock is: 1,500 at No Par Value		FR #1 35
	<i>TIAL OFFICERS AND/OR DIRECTOR</i> Fitle: Giovanni Cipriano - President/D		
Address	614 South Oregon Avenue Tampa, FL 33606	Address:	
Name and T	itle:	Name and Title:	
Address			
Name and T	itle:		
Address			

H23	aaa	427	7913	

Name	and Title:	Name and Title:
Addre	ess	Address:
ARTICLE VI		
The <u>name and</u>	Florida street address (P.O. Box NOT acceptable	of the registered agent is:
Name:	Giovanni Cipriano	
Address:	1646 W Snow Avenue - Suite 72	
	Tampa, FL 33606	
<u>ARTICLE VII</u>	INCORPORATOR	CT .
The name and	address of the Incorporator is:	
Name:	Giovanni Cipriano	
Address:	1646 W Snow Avenue - Suite 72	ပိၢ
	Tampa, FL 33606	<u> </u>
Effective date, (If an effective filing.)	·	nnot be more than five days prior or 90 days after the
	ate inserted in this block does not meet the applical seffective date on the Department of State's record	ble statutory filing requirements, this date will not be listed as ds.
Having been no certificate, I an	amed as registered agent to accept service of proces n familiar with and accept the appointment as regis	ss for the above stated corporation at the place designated in this stered agent and agree to act in this capacity
0.0 2 0.0 C. C.	wegt 3mb 14 55 617:	DECEMBER 15, 2023
Required Signa	nure/Registered Agent	Date
	locument and affirm that the facts stated herein a ne Department of State constitutes a third degree fe	are true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S.
√6 2		
	ed, one this for-	DECEMBER 15, 2023