Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: VCORP SERVICES, LLC

Account Number : 120080000067

Phone

: (845)425-0077

Fax Number

: (845)818-3588

G

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

Email Address: State netices

FLORIDA PROFIT/NON PROFIT CORPORATION

Electronic Expo Inc

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S GII RERT

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

16 SEP 26 AN 8: 42

ARTICLE NAME The name of the corporat	ion shall be:	All the second	, ; O: 1;
ARTICLE II PRINC	IPAL OFFICE Principal street address	Mailing address, if different is:	out
Miami, FL 33162			
4201010111	Electroni e corporation is organized is:	c Wholesale	
ARTICLE V INITIA	Stock is: LOFFICERS AND/OR DIRECTORS YAKOV GROBMAN, President	Name and Title:	
Address	1040 NE 180TH TERR	Address:	
	Miami, FL 33162		_
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	_

Name an	d Title:	Name and Title:
Address		Address:
	REGISTERED AGENT	of the continued of the
	lorida street address (P.O. Box NOT acceptable) YAKOV GROBMAN	of the registered agent is:
Name; Address:	1040 NE 180TH TERR	_
Address:	Miami, PL 33162	~
		_
ARTICLE VII	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name:	Laura Curtin	
Address:	25 Robert Pitt Drive, Suite 204	_
	Monsey, NY 10952	_
. adlar w titt		
	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)
(If an effective of	late is listed, the date must be specific and cant	not be more than five business days prior or 90 business
		le statutory filing requirements, this date will not be listed a
the document's e	ffective date on the Department of State's records	í .
Having been nar this certificate, I	ned as registered agent to accept service of proce am familiar with and accept the appointment as r	ess for the above stated corporation at the place designated egistered agent and agree to act in this capacity
(cla M. L	09/27/2016
	Required Signature/Registered Agent	Date
I submit this doc	cument and affirm that the facts stated herein ar	e true. I am aware that the false information submitted in
document to the	Department of State constitutes a third degree feld	my as provided for in s.817.155, F.S.
	70 / L	09/27/2016
Requi	red Signature/Incorporator	Date