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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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

Email Address: _____

FILED
2020 JUL 15 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA PROFIT/NON PROFIT CORPORATION

Aerospike Foundation Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2020 JUL 15 AM 11:48

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

FILED

2020 JUL 15 AM 8:04

ARTICLE I NAME

The name of the corporation shall be: Aerospike Foundation Inc.

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1675 Broadway - 20th Fl

Mailing address, if different is:

1675 Broadway - 20th Fl

New York NY 10019

New York NY 10019

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Aerospike Foundation Inc. is organized to provide financial assistance to individuals, associations, foundations, institutions, other not for profits and agencies engaged in promoting comfort, health, care, education, and general welfare.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Specified within bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Deirdre Brandes-Oei Name and Title: Renee Brandes

Address 1675 Broadway - 20th Fl Address: 1675 Broadway - 20th Fl

New York, NY US 10019 New York, NY US 10019

Name and Title: Charles Brandes Name and Title: _____

Address 1675 Broadway - 20th Fl Address: _____

New York, NY US 10019 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Registered Agents Inc.

Address: 7901 4th St N STE 300

St. Petersburg FL 33702

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUL 15 AM 8:04

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ARTICLE VII INCORPORATOR

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

Name: Riley Park

Address: 7901 4th St N STE 300

St. Petersburg FL 33702

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

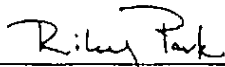


Required Signature of Registered Agent

7/15/20

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

7/1

Date