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SECRETARY OF STATE
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COVER LETTER

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

SUBJECT: FLORENCE CONSULTANTS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FRОМ: <u>М</u>	Irs. Michele Kaplan Name ((Printed or typed)	
	19707 Turnberry Way,	Apt 26H	
	A	ddress	
	Aventura, Florida 3318		
	City,	State & Zip	
	305-931-7507	elephone number	

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

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:

FLORENCE CONSULTANTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

19707 Turnberry Way, Apt. 26H Aventura, Florida 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

[omitted]

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Michele Kaplan, 19707 Turnberry Way, Aventura, Florida 33180 President

Michele Kaplan, 19707 Turnberry Way, Aventura, Florida 33180 Secretary

Michele Kaplan, 19707 Turnberry Way, Aventura, Florida 33180 Director

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Michele Kaplan, 19707 Turnberry Way, Aventura, Florida 33180 Apt 26 H

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michele Kaplan, 19707 Turnberry Way, Aventura, Florida 33180 Apt 26 H

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

Signature/Registered Agent

Signature/Incorporator

| Date | Date | Date |

07 JAN 25 PM 1: 00 SECRETARY OF STATIONS ALLAHASSEE FI ORIN