(Requestor's Name)				
(Ad	dress)	· · ·		
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			



400251260264

09/16/13--01020--004 **70.00

Office Use Only

COVER LETTER

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

SUBJECT: Eas	sy Bagz, Inc.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original	inal and one (1) copy of the art	ticles of incorporation and	i 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 PY REQUIRED
FROM: S	ami Asor		
<u>13</u>	301 SE 14th D		******
D	eerfield Beacl	n, FL 33441	1
	City	, State & Zip	

305.304.5843

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

Daytime Telephone number

sami-asor@hotmail.com

E-mail address: (to be used for future annual report notification)



September 19, 2013

SAMI ASOR 1301 SE 14TH DR. DEERFIELD BEACH, FL 33441

SUBJECT: EASY BAGZ, INC. Ref. Number: W13000052194

We have received your document for EASY BAGZ, 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):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 613A00022097

Division of Companytions D.O. DOV 6297 Tollahogona Florida 29214

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

1301 SE-14	NCIPAL OFFICE Principal street address th DR	Mailing address, if different is:		
Deerfield Be	each, FL 33441			
ARTICLE III PUR The purpose for which to Wholesale	POSE he corporation is organized is:	N. S.		
		FI.O	3 12: 2 3 13: 2	
ARTICLE IV SHA The number of shares of	RES 400			
ARTICLE V INIT	Ofer Asor - President 19707 Turnberry Way Apt 6-L	Name and Title:		
ARTICLE V INTO Name and Title Address	Ofer Asor - President 19707 Turnberry Way Apt 6-L Aventura, FL 33180 Eli Swisa - Vice President	Name and Title: Address:		

Name and	Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT	Al	
Name:	rida street address (P.O. Box NOT acceptable) of Ofer Asor	the registered agent is:	26 B
Address:	19707 Turnberry Way Apt 6-L		1-7
	Aventura, FL 33180		PH I2: 25
ARTICLE VII	INCORPORATOR		: 25 IATE ORIBA
The name and add	dress of the Incorporator is:		
Name:	Ofer Asor		
Address:	19707 Turnberry Way Apt 6-L		
	Aventura, FL 33180		
	ed as registered agent to accept service of process m familiar with and accept the appointment as regi		
80	2 Mark		10-1-13
	Required Signature/Registered Agent		Date
	ment and affirm that the facts stated herein are to epartment of State constitutes a third degree felony		
DE	Required Signature/Incorporator		0-1-13