

# Florida Department of State

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## FLORIDA PROFIT/NON PROFIT CORPORATION Prosel USA Inc.

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

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#### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE 1 NAME

The name of the corporation shall be:

Prosel USA Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3054 NE 49th Street Fort Lauderdale, FL 33308 15 MAY 20 PM 2: 12

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares with no par value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jacob Abecassis 4045 Sheridan Ave., Suite 211 Miami Beach, FL 33140

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-516-935-3940 -.

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#### ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Lome Frankel- President/Director 45 Miranda Crt., Thomhill, ON, L4J7W5

Salomon Fargeon- Vice President/Director
12 Bilberry Cres., Richmond HIII, ON L4S2M4

## ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these rticles of Incorporation is(are):

Lome Frankel 45 Miranda Crt., Thornhill, ON, L4J7W5

Satomon Fargeon 12 Bilberry Cres., Richmond Hill, ON L4S2M4

The undersigned incorporator(s) has(have) executed theseArticles of Incorporation this

Signature

Signature

19th\_\_\_\_day of May\_\_\_\_\_\_\_20 15

Salomon Fargeon

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1. The name of the corporation is: Prosel USA Inc.

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

2. The name and address of the registered agent and office is:			
	Jacob Abecassis		
	Na.	unc	
	4045 Sheridan Ave., Suite 211		
	(P.O. Box or Mail Drop Box NOT Acceptable)		
Miami Beach, FL 33140			
(City / State / Zip)		s/Zip)	
		•	
Having been named as registered age corporation at the place designated i agent and agree to act in this capacity relating to the proper and complete pobligations of my position as register.	n this certificate, I hereby act y. I further agree to comply v performance of my duties, and	cept the appointment as registered with the provisions of all the statutes	
Januar Abecassis		May 19, 2015 (Date)	