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| (Re | equestor's Name) | | | |
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| (Ci | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | ne) | | |
| (20 | iomoco Emily Har | ,,,, | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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2015 AUG 31 PH 12: 20
SECRETARY OF STATE
TALL AHASSEF, FLORIDA

COVER LETTER

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

| SUBJECT: | JSEDTIRES | | NC, | |
|----------------------|--|--|--|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) | |
| Enclosed are an orig | ginal and one (1) copy of the arti | icles of incorporation and | l 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 | |
| | | ADDITIONAL CC | T REQUIRED | |
| FROM: | Howard Levy | (Printed or typed) | | |
| 1008 Borkshire A | | | | |
| | Deer Field City, | Beach ? | FL 33442 | |
| | 954 573 | 5012 | | |
| | Hlevy@ Use D | elephone number | 7 | |
| | E-mail address: (to be used | for future annual report r | notification) | |

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

| ARTICLES OF IN | CORPORATION and/or Chapter 621, F.S. (Profit) S. COM Inc. Mailing address if different is 6.22 |
|--|--|
| ARTICLE I NAME The name of the corporation shall be: | s. com Inc. Align Py |
| ARTICLE II PRINCIPAL OFFICE Principal street address | Mailing address, if different is of |
| 1008 Berkshire A | |
| Deerfield Bch FL 33442 | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | ESAITS + ANYOTHER LEGAL BOSINES |
| | EFFECTIVE DATE |
| | |
| | ······································ |
| | |
| ARTICLE IV SHARES The number of shares of stock is: | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | Des 1 T |
| Name and Title: Howard J Levy | Name and Title President |
| Address 1008 BONShire A | • |
| Deel tield BC9+C | |
| | |
| Name and Title: Howard J Levy | Name and Title: SECY TreqSurer |
| Address 1008 Bolkshie A | Address: |
| Deofiell BLAFL | · |
| 23 4/2 | <u> </u> |
| Name and Title: | Name and Title |
| Address | • |

| Name and Title: | Name and Title: | | | |
|---|---|--|--|--|
| Address | Address: | | | |
| | | | | |
| | - | | | |
| | | | | |
| | | | | |
| <u>ARTICLE VI REGISTERED AGENT</u> The <u>name and Florida street address</u> (P.O. Box NOT acceptable) | of the registered agent is: | | | |
| Name: HOWARD J 19UY | and registered agent is: | | | |
| | | | | |
| Address: 1008 BOX KShire A | | | | |
| DeoptielD BUHFC | 55942 | | | |
| ARTICLE VII INCORPORATOR | | | | |
| The name and address of the Incorporator is: | | | | |
| Name: HOWARDJ LAVY | | | | |
| Address: 1008 Re/LShire F | 7 | | | |
| DOPATED Reto FI | | | | |
| per l | | | | |
| ARTICLE VIII EFFECTIVE DATE: | | | | |
| Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be specificated by specific and cannot be specific and c | (OPTIONAL) | | | |
| days after the filing.) | or be more than five business days prior of 70 business | | | |
| <u>Note:</u> If the date inserted in this block does not meet the applicable 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 | | | | |
| tuis certificate, I am jamutar with anti-accept the appointment as re | egisterea agent una agree to act in inis capacity | | | |
| Required Signature/Registered Agent | 8/29/12013 Date | | | |
| I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a | | | | |
| document to the Department of State constitutes of furd degree feld | ny as provided for in s.817.155, F.S. | | | |
| - Africa of fer | 8/29/2015 | | | |
| Required Signature/Incorporator | Date | | | |