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DATE:

10/21/15

NAME:

THE BACKPACKS COMPANY

TYPE OF FILING: ARTICLES

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COVER LETTER

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

THE BACKPACKS I COMPANY

| SUBJECT: | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) | |
|--------------------|---|--|--|--|
| Enclosed are an o | riginal and one (1) copy of the art | icles of incorporation and | d a check for: | |
| \$70.00 Filing Fee | • • • • • | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED | |
| FROM: _ | HOWARD KERKER, ESQ. | | | |
| 2 | Name (Printed or typed) 25 KENSINGTON CIRCLE | | | |
| N | NORTH HILLS, NY 1030 | Address | | |
| 5 | 16-304-5725 | State & Žip | | |
| c: | Daytime T andidososajr58@gmail.com E-mail address: (to be use | elephone number | notification) | |

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)

| Mailing address, if different is: under the Florida Business Corporation Act. |
|--|
| under the Florida Business Corporation Act. |
| under the Florida Business Corporation Act. |
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| Address | | Address: | | |
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| | REGISTERED AGENT | | | |
| The name and F | lorida street address (P.O. Box NOT acceptable | e) of the registered agent is: | | |
| Name: | NRAI Services, Inc. | <u>.</u> | <u> </u> | |
| Address: | 1200 South Pine Island Road | | in Sign | |
| | Plantation, FL 33324. | | 8 28 | |
| | | | 72 9785 | |
| ARTICLE VII | INCORPORATOR | | | |
| The name and a | ddress of the Incorporator is: | | PH 3: | |
| Name: | Howard Kerker, Esq. | | 25 3: 25 | |
| Address: | 25 Kensington Circle | | | |
| Aud cos, | North Hills, NY 11030 | | | |
| | | | | |
| | EFFECTIVE DATE: | | | |
| | | , (OPTIONAL | | |
| days after the f | date is listed, the date must be specific and co iling.) | annot be more than five busin | ess days prior or 90 business | |
| Note: If the dat | e inserted in this block does not meet the applic | able statutory filing requiremen | nts, this date will not be listed as | |
| | effective date on the Department of State's reco | | • | |
| Havine been na | med as registered agent to accept service of pro | ocess for the above stated corpo | oration at the place designated in | |
| this certificate, I | am familiar with and accept the appointment of NRAI Scryices, Inc. | is registered agent and agree to | act in this capacity | |
| By: Maria Sacra Maria Garcia - As | | ecretary | 10/20/2015 | |
| | Required Signature/Registered Agent | | Date | |
| | cument and affirm that the facts stated herein Department of State constitutes a third degree | | | |
| h. | word Keiler | | 10/19/15 | |
| -// | Required Signature/Incorporator | | Date | |