

From:

05/17/2016 14:56

#619 P.001/003

Division of Corporations

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**P16000042710**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
THE AFABLE COMPANY FL INC.**

Certificate of Status	1
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Corporate Filing Menu

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MAY 18 2016

From:

05/17/2016 14:57

#619 P.002/003

2016 MAY 17 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 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: THE AFABLE COMPANY FL INC.

#### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2092 WOLVERTON E

BOCA RATON, FL 33434

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: general

#### ARTICLE IV SHARES

The number of shares of stock is: 200

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AARON FRIEDMAN - DIR & PRES

Name and Title: \_\_\_\_\_

Address: 2092 WOLVERTON E

Address: \_\_\_\_\_

BOCA RATON, FL 33434

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

From:

05/17/2016 14:57

#619 P.003/003

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: AARON FRIEDMAN  
Address: 2092 WOLVERTON E  
BOCA RATON, FL 33434

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: AARON FRIEDMAN  
Address: 2092 WOLVERTON E  
BOCA RATON, FL 33434

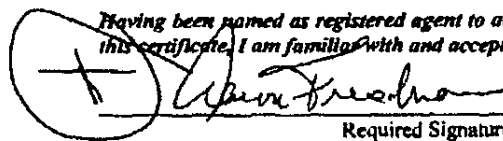
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

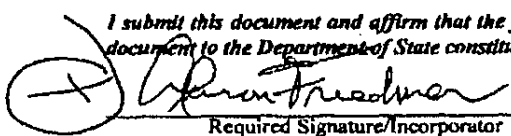
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

  
Required Signature/Registered Agent

5/16/16  
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 a third degree felony as provided for in s.817.155, F.S.

  
Required Signature/Incorporator

5/16/16  
Date