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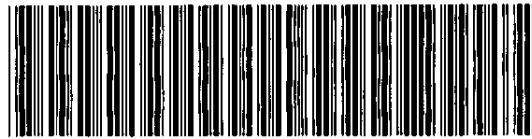
(Business Entity Name)

(Document Number)

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DATE: 9/7/16

NAME: PROPER SEASONAL BUSINESSES, INC.

TYPE OF FILING: ARTICLES

COST: 78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

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COVER LETTER

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

SUBJECT: Proper Seasonal Businesses, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Kellie Mumford

Name (Printed or typed)

21700 Oxnard Street, Suite 2020

Address

Woodland Hills, CA 91367

City, State & Zip

(818) 715-0500

Daytime Telephone number

kellie@helferlawfirm.com

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

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

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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: Proper Seasonal Businesses, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

419 Lakeview Avenue

21700 Oxnard Street, Suite 2020

West Palm Beach, Florida 33401

Woodland Hills, California 91367

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in the promotion, marketing, and sales of seasonal products.

ARTICLE IV SHARES

The number of shares of stock is: one hundred thousand

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brandon Helfer, President

Name and Title: Scott Sanchez, Vice President

Address 21700 Oxnard Street, Suite 2020

Address: 21700 Oxnard Street, Suite 2020

Woodland Hills, CA 91367

Woodland Hills, CA 91367

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: Paracorp Incorporated
Address: 155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeffrey S. Helfer
Address: 21700 Oxnard Street, Suite 2020
Woodland Hills, CA 91367

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

Edward W. Noyer EDWARD W. NOYER, Assistant Sec.
Required Signature/Registered Agent

9/7/2016
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.

[Signature]
Required Signature/Incorporator

9/6/16
Date

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