

P16000090575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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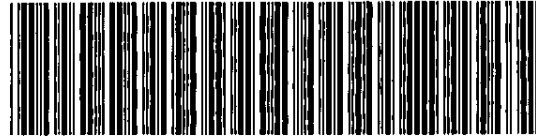
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: dSTRAINZ PRODUCTS 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

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: INCORPORATING SERVICES, LTD.
Name (Printed or typed)

Address

TALLAHASSEE, FL 32301

City, State & Zip

656-7956

Daytime Telephone number

dsvorai@hotmail.com

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

ARTICLE I NAME

The name of the corporation shall be: STRAINZ PRODUCTS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2500 S Park Road, Bay 1

Pembroke Park, Florida 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful purpose.

ARTICLE IV SHARES

The number of shares of stock is: 100,000,000 no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dror Svorai, P, T

Name and Title: Deborah Dargman, V, S

Address 2500 S Park Road, Bay 1
Pembroke Park Florida 33009

Address: 2500 S Park Road, Bay 1
Pembroke Park, Florida 33009

Name and Title: (N/A)

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: Dror Svorai
Address: 2500 S Park Road, Bay 1
Pembroke Park Florida 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dror Svorai
Address: 500 S Park Road, Bay 1
Pembroke Park Florida 33009

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 days prior or 90 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

November 9, 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.



Required Signature/Incorporator

November 9, 2016

Date