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From:

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Account Number: 075350000353 Phone : (800)221-2972 Fax Number : (888)692-9256

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FLORIDA PROFIT/NON PROFIT CORPORATION KATONAH CREATIVE CORP

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T. SCOTE

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u>ARTICLE II P</u>	Principal <u>street</u> address	Mailing address	ss, if different is:
1625 E.Classical I	Blvd	1625 E.Classical Blvd	
Delray, FL. 33445		Delray, FL. 33445	
ARTICLE III PU The purpose for wh	(RPOSE) ich the corporation is organized is:		
To conduct all acti	vities set forth and permitted under and Florid	a corporation law	
	s of stock is: TIAL OFFICERS AND/OR DIRECTORS		
The number of share ARTICLE V INI Name and 1	TIAL OFFICERS AND/OR DIRECTORS Fitle: 182 3rd Street	Name and Title:	
The number of share	S of stock is: TIAL OFFICERS AND/OR DIRECTORS Fitle: JENNIFER CARON, Director	Name and Title:	
The number of share ARTICLE V INI Name and 1	TIAL OFFICERS AND/OR DIRECTORS Title: JENNIFER CARON, Director 182 3rd Street Excelsion MN 55331	Name and Title:	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
The number of share ARTICLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Title: JENNIFER CARON, Director 182 3rd Street Excelsion MN 55331	Name and Title:Address:	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Name and Tours Name and Tours Name and Tours	TIAL OFFICERS AND/OR DIRECTORS JENNIFER CARON, Director 182 3rd Street Excelsion MN 55331 HANNAH POLGAR, Director	Name and Title: Address: Name and Title:	10 10 10 10 10 10 10 10 10 10 10 10 10 1
Name and Tours Name and Tours Name and Tours	TIAL OFFICERS AND/OR DIRECTORS Title: JENNIFER CARON, Director 182 3rd Street Excelsion MN 55331 HANNAH POLGAR, Director 42 Scholes Street, Apt 4B Brooklyn NY 11206	Name and Title: Address: Name and Title:	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Name and Taddress Name and Taddress	TIAL OFFICERS AND/OR DIRECTORS Title: JENNIFER CARON, Director 182 3rd Street Excelsion MN 55331 HANNAH POLGAR, Director 42 Scholes Street, Apt 4B Brooklyn NY 11206	Name and Title: Address: Name and Title: Address:	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)

Name	and Tintes	Name and Title:
Addre		Address:
	a the same section of the	
ARTICLE VI	REGISTERED AGENT	
Name:	Torids street address (P.O. Box NOT acc SHAREL SHLOMO KATAN	eptable) of the registered agent is:
Address:	1625 F.Classical Blvd	
	Delray Beach FL 33445	·
ABTICLE UL		
	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	SHAREL SHLOMO KATAN	
Address:	1625 E.Classical Blvd	***************************************
	Delray Beach FL 33445	
hifective date, if of of office date of the film of the film of the date in th		(OPTIONAL) I cannot be more than five business days prior or 90 business licable statutory filing requirements, this date will not be listed as
luving been named	t as registered agent to accept service of p familiar with and accept the appointment	process for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
	Required Signature/Registered Agen	