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	Division of Co	rpo	orations
	Fax Number		
ron:			
	Account Name	;	VCORP SERVICES, LLC
	Account Number	:	120080000067
	Phone	:	(845)425-0077
	Fax Number	:	(845)818-3588

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

Email Address:___



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(FAX)845 818 3588 ٠

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

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<u>RTICLE II PRIN</u>	<u>CIPAL OFFICE</u> Principal <u>stress</u> address	Malling add	iress, if different is:
00 Rella Blvd, Suite	#200		
iontebelio, NY 1090	1		
R <u>TICLE III PURI</u> be purpose for which	<u>COSE</u> the corporation is organized is:	u Activity	
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RTICLE IV SHA	RES 1000 of stock is:		
ne number of shares of sha	AL OFFICERS AND/OR DIRECTORS		
ne number of shares of sha	of stock is: <u>AL OFFICERS ANDAOR DIRECTORS</u> Michael Bleich, President 400 Belle Blyd, Suite #200	Name and Title:	
te number of shares of RTTCLE VINIT Name and Tri	of stock is: <u>AL OFFICERS ANDAOR DIRECTORS</u> Michael Bleich, President 400 Belle Blyd, Suite #200	Name and Title:	
te number of shares of RTTCLE VINIT Name and Tri	of stock is: <u>IAL OFFICERS AND/OR DIRECTORS</u> Nichael Bleich, President 400 Rella Blvd, Suite #200	Name and Title:	
ee number of shares o <u>RTTCLES VINIT</u> Name and Tr Address	AL OFFICERS AND/OR DIRECTORS Michael Bleich, President 400 Rella Blvd, Suite #200 Montebello, NY 10901	Name and Title: Address:	
ee number of shares o <u>RTTCLES VINIT</u> Name and Tr Address	of stock is: <u>IAL OFFICERS AND/OR DIRECTORS</u> Michael Bleich, President 400 Rella Blvd, Suite #200 Montebello, NY 10901	Name and Title:	
RTTCLE VINIT Name and Tri Address Name and Tit	of stock is: <u>IAL OFFICERS AND/OR DIRECTORS</u> Michael Bleich, President 400 Rella Blvd, Suite #200 Montebello, NY 10901 	Name and Title:	
RTTCLES VINIT Name and Tri Address Name and Titl Address	of stock is: <u>IAL OFFICERS AND/OR DIRECTORS</u> Michael Bleich, President 400 Rella Blvd, Suite #200 Montebello, NY 10901 	Name and Title:Address:Name and Title:Address:	

Name and Title:	 	Name and Title	6:	
Address	 	Address:		
	 <u> </u>	_		

ARTICLE VI __ REGISTERED AGENT

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

Name:	Voorp Services, LLC		
Address:	5011 South State Road 7, Suite 106	· . 	د <u>ب</u> پر ۱۰۰ ب
	Davic, FL 33314		•
	<u>INCORPORATOR</u>		
Name:	Michael Bleich		
Address:	400 Rella Blvd, Suite #200		
	Montebello, NY 10901		

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 agant 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

Ma

Required Signature/Registered Agent

12/27/2017 Date

I submit this document and affirm that the facts stated kerein are true. I am aware that the faise information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$817.155, F.S.

Required/Signature/Incorporator

12/27/2017

Date