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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
TIC TAC TOE, INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA
P42
APR 03 2018
PAGE

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: TIC TAC TOE, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9511 COLLINS AVENUE - SUITE 1204

9511 COLLINS AVENUE - SUITE 1204

SURFSIDE, FL 33154

SURFSIDE, FL 33154

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HANDBAG MANUFACTURING

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOEL PINSKY - DIRECTOR

Name and Title: _____

Address 9511 COLLINS AVENUE - SUITE 1204

Address: _____

SURFSIDE, FL 33154

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: JOEL PINSKY
Address: 9511 COLLINS AVENUE - SUITE 1204
SURFSIDE, FL 33154

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOEL PINSKY
Address: 9511 COLLINS AVENUE - SUITE 1204
SURFSIDE, FL 33154

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

03/27/2018

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

03/27/2018

Date