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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : GM FINANCIAL GROUP  
Account Number : I19980000102  
Phone : (954)428-8899  
Fax Number : (954)428-6699

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

Email Address: SacksBry@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
OPIATES INC**

Certificate of Status	0
Certified Copy	0
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JUN 08 2018

## 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: OPIATES, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address  
6029 OLD COURT ROAD #1008

Mailing address, if different is:

BOCA RATON, FL 33433**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: BRYAN SACKS, PRES

Name and Title:

Address: 6029 OLD COURT ROAD #1008

Address:

BOCA RATON, FL 33433Name and Title: WILLIAM WEISS, VP

Name and Title:

Address: 742 RIDER RD

Address:

BOYNTON BEACH, FL 33435Name and Title: TIMOTHY STODDART, PRES.

Name and Title:

Address: 1796 NE 5TH AVE

Address:

BOCA RATON, FL 33432FILED  
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Name and Title:	DAVID ERICHSEN, SEC.	Name and Title:	_____
Address	5961 NW 2ND AVE	Address:	_____
	BOCA RATON, FL 33487		_____
	_____		_____

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

Name:	BRYAN SACKS
Address:	6029 OLD COURT ROAD #1008
	BOCA RATON, FL 33433

**ARTICLE VII. INCORPORATOR**The name and address of the Incorporator is:

Name:	BRYAN SACKS
Address:	6029 OLD COURT ROAD #1008
	BOCA RATON, FL 33433

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**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

6/7/18  
\_\_\_\_\_  
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

6/7/18  
\_\_\_\_\_  
Date