Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number: I20080000067

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:

FLORIDA PROFIT/NON PROFIT CORPORATION

Tosfos Development Corporation

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 02 |
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N. SAMS

JUN 26 2018

Electronic Filing Menu Corporate Filing Menu

Help

6/25/2018

| ARTICLE I NAME The name of the corporation | ARTICLES OF INCOL In compliance with Chapter 607 and/o shall be: Tosfos Development Corporatio | or Chapter 621, F.S. (Profit) | 18 JUK 25 FM |
|---|---|-------------------------------|-------------------|
| ARTICLE II PRINCIPA | | Mailing address, | 2 2 |
| | Yeh Ave | | 24 |
| AMERICA CALL DISPOSI | corporation is organized is: To free | vida computer co | msylting Services |
| | | | |
| | | | |
| ARTICLE IV SHARES The number of shares of sto | ock is: 200 | | |
| | OFFICERS AND/OR DIRECTORS | | |
| | Frage Heche, President | | |
| Address | BOLG MATON, FL 33431 | | |
| Name and Title:_ | | Name and Title: | |
| Address | | Address: | |
| Name and Title | | Name and Title: | |
| Address _ | | Address: | |
| - | | | |

| Name | and Title: | Name and Title: | |
|-------------------------------------|--|--|-------------------------------------|
| Addre | | Address: | |
| | | | |
| ARTICI.R VI | REGISTERED AGENT | | <u> </u> |
| The name and | Florida street address (P.O. Box NOT acceptable) o | of the registered agent is: | |
| Name: | israel Hechi | - | () () |
| Address: | 3650 NW 4th Ave | _ | |
| | Boca Raton, FL 33431 | _ | * • |
| ARTICLE YI | INCORPORATOR | · | 2: 17 Lúmu/ |
| The pame and | addrag of the Incorporator is: | | |
| Name: | Michael A. Unimbery | _ | |
| Address: | 7347 141 81 | | |
| | Flyships NY 11567 | - | |
| Defaultus data | EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and cannot | OPTIONAL) of he more than five days prior or 9 | O days after the |
| filleg.) | | | |
| Nate: If the dr | ite inserted in this block does not meet the applicable effective date on the Department of State's records. | enturory filing requirements, this dat | s will not be listed as |
| Having been w | amed as registered agent to accept service of proces I am familiar with and accept the appointment as re | s fer the above stated corporation at l gistored agent and agrae to act in this | the place designated in capacity |
| | land Medit Israel H | echt | 6/21/18 |
| | Required Signature/Registered Agent | | DATA (|
| I submit this de document to the | ocument and affirm that the facts stated herein are Department of State constitutes a third degree felor | erus. I am aware that the jaist trijor ay as provided for in s.817.155, F.S. | naun Manues (1 C |
| de | Wa Will Richard A. Weinbe | rg | 6 21 F |
| Req | ured Signature/Meorporator | | Date |