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DIVISION OF CORPORATIONS

TALL BROSSET FLORIDA

18 JUL 23 AH 9

RECEIVED
18 JUL 23 PM 4: 15

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE: 316070 7937777
AUTHORIZATION: Smelle man
COST LIMIT : \$ 78.75
ORDER DATE : July 23, 2018
ORDER TIME : 3:19 PM
ORDER NO. : 316070-005
CUSTOMER NO: 7937777
DOMESTIC FILING
NAME: HERB SARDINIA USA, INC.
EFFECTIVE DATE:
XX ARTICLES OF INCORPORATION ب
CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Roxanne Turner - EXT.
EXAMINER'S INITIALS:

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	HERB SARD (PROPOSED CORPORAT	INIA USA, ENAME- <u>MUSTINCLI</u>	IDE SUFFIX)	 .
Enclosed are an orig \$70.00 Filing Fee	inal and one (1) copy of the artic \$78.75 Filing Fee & Certificate of Status	les of incorporation and \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	LVCA CM A Name 3 COLUMBNS	CIRCLE 15	FL 2:	
 	NEW YORK City	NY /0 State & Zip 15 - 8230 Telephone number HADNINALIM.	0019 = = = = = = = = = = = = = = = = = = =	AM 9: 25

NOTE: Please provide the original and one copy of the articles.

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

ln complia	nce with Chapter 55	,		
ARTICLE I NAME The name of the corporation shall be:	HERB	SARDINIA	L USA	<u>-, INC</u>
The name of the corporation shall be. ARTICLE II PRINCIPAL OFFICE Principal street a CONICOLO DE FRANCIPAL OFFICE 5800 AVVERS BLVO. ORLANDO FEL 2 ARTICLE III PURPOSE The purpose for which the corporation is	4 2 807	do NE	MELCH COLUMB V YORK	NY 10019
· · · · · · · · · · · · · · · · · · ·				ä: d
	SANDJOR DIRECT DE FRAIA SIDENT AUVERS BU WRD FL	Name and 11 Address:		JUL 23 AH 9: 27
Name and Title WC Address 3 CA	AND PL	32807 10NNH Name and Address:		

Name an	d Title:	Name and Title:
Address		Address:
Audress		
		_
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
The name and l	Corporation Service Company	
Name:	1201 Hays Street	
Address:		
	Tallahassee, FL 32301	
		AM 9: 25
 -	<u>INCORPORATOR</u>	25
The name and	address of the Incorporator is:	
Name:	WEN YORK MY 10	
Address:	3 COLUMBUS CIRCLE	75 FC
	NEW YORK MY 10	<u>-019</u>
ARTIC <u>LE VI</u>	II EFFECTIVE DATE: , if other than the date of filing: let is listed, the date must be specific and ca	(OPTIONAL)
Effective date	, if other than the date of filing:	anot be more than five days prior or 90 days after the
F10 1		
Note: If the	date inserted in this block does not meet the applic	able statutory filing requirements, this date will not be listed a rds.
the document	's effective date on the Department of the	
Having been	named as registered agent to accept service of pro	ocess for the above stated corporation at the place designated as registered agent and agree to act in this capacity
this certificat	on Service Company	Acet Vice President 7/23/18
By: Le	Required Signature/Registered Agen	Asst. Vice President 7 23 18
		was true. Law aware that the false information submitted
I submit this document to	s document and affirm that the facts stated herei the Department of State constitutes a third degree	•
***************************************	CMtm. Required Signature/Incorporator	July 20-201
	Required Signature/Incorporator	y Date