

Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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
Designrush inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

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: Designrush Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
16901 Collins Avenue Unit 2805
Sunny Isles Beach, Fl 33160

Mailing address, if different is:
16901 Collins Avenue Unit 2805
Sunny Isles Beach, Fl 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for
which corporations may be organized.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gabriel Shaoonian/ PRES.

Name and Title: _____

Address 16901 Collins Avenue Unit 2805
Sunny Isles Beach, Fl 33160

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

18 AUG 21 PM 1:21
RECEIVED
TALLAHASSEE

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: Garbriel Shaoolian
Address: 16901 Collins Avenue
Sunny Isles Beach, Fl 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Garbriel Shaoolian
Address: 16901 Collins Avenue Unit 2805
Sunny Isles Beach, Fl 33160

18 AUG 21 PM 11:25
ST. CLAIR
TALLAHASSEE

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 business days prior or 90 business 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

(X) Garbriel Shaoolian
Required Signature/Registered Agent

8/21/18
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.

(Y) Garbriel Shaoolian
Required Signature/Incorporator

8/21/18
Date