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From:	Account Number Phone	: HARVARD BUSI : 120080000045 : (302)645-740 : (302)645-128	0	ES, INC.	
ອກກະ		s for this busi ings. Enter only			
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Corporate Filing Menu

Electronic Filing Menu

Help

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ARTICLES OF INCORPORATION In compliance with Chapter 507 and/or Chapter 521, F.S. (Prefit)

<u>TICLEI NAME</u>	SPP Holdings Inc.		
a name of the corpora	SPP Holdings Inc. tion shall be.		
RTICLE II PRINC	<u>IPAL OFFICE</u> Principal <u>street</u> address	Mailing address, if different is	
2 NE 2nd Ave			
elray Beach, FL 3344	4 		
RTICLE III PURPO he purpose for which t	he corporation is organized is: <u>HOIO</u>	ing Company	
······			
^ *			
RTICLE IV SHAR	ES		
he number of shares of	<u>65</u> 100 [stock is:		
	LOFFICERS AND/OR DIRECTORS		
Name and Title	Elen Steinberg, President	Name and Title:	
	G1 St Micholas Street		
Address		Address.	
	Teronto, Ontario	tern	
	M4Y 1W6		
Name and Title	Elen Steinberg, CEO	Name and Title:	
	61 St Nicholas Stutet		
Address	Toronto, Ontario	Address:	
Name and Title	ر ۱ ــــــــــــــــــــــــــــــــــــ	Name and Title:	
Address		Address:	

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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:	Martin Rothbard
Address:	8211 West Broward Boulevard, Suite 440
	Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name	Elen Steinberg
Address	61 St Nicholas Street
	Taronio, Ontario, M4Y 1W6

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

fling.)

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 faugliar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature Registered Agent 12/4/18 Date

I submit this document and offirm 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 5.817.155, F.S.

Required Signature/Incorporator

12/4/18 Date

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