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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077

Fax Number : (945) \$18-3588

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

Email Address: statenotices@vcorpservices.com

## FLORIDA PROFIT/NON PROFIT CORPORATION

Blink Miramar Parkway Inc.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

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## ARTICLES OF INCORPORATION

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

| e name of the corporation shall be:  Blink Miramer Parkway Inc. |                                   | ······   |
|---|-----------------------------------|--|
| Principal office<br>Principal street address                    | Mailing address, if different is: |  |
| 6 Park Avenue South, 11th Floor                                 |                                   |  |
| ew York, NY 10016   | , <del></del>                     | <del> </del>                                   |
| e purpose for which the corporation is organized is:            |                                   |  |
| 1   |                                   | ين پدر په پرستونونونونون دده دسته شاهند ماشند. |
|   |                                   |  |
|   |                                   |  |
| TICLE IV SHARES 200 commber of shares of stock is:              |                                   | ATLANZSSE                                      |
| TICLE V INITIAL OFFICERS AND/OR DIRECTORS                       |                                   |  |
| Name and Title:   | Name and Title:                   | <u>.</u> 6                                     |
| Address   | Address:                          | . 60   |
|   |                                   |  |
| Name and Title:   | Name and Title:                   |  |
| Address .   | Address:                          |  |
|   |                                   |  |
| Name and Title:   | Name and Title:                   | **************************************         |
| Address   | Address:                          |  |
|   |                                   |  |

| Name at                             | d Title:  | Name and Title:  | <del></del>                                       |
|-------------------------------------|---|--|---|
| Addres                              | <u> </u>  | Address:   |   |
|                                     |   |  |   |
| 402761 E 1/1                        | REGIŞTERED AGENT  |  |   |
| The name and f                      | lorida street address (P.O. Box NOT acceptable  | e) of the registered agent is:   |   |
| Name:                               | Veorp Services, LLC   |  |   |
| Address:                            | 5011 South State Road 7, Suite 106  |  |   |
| Adm Cas.                            | Davie, FL 33314   |  |   |
| ARTICILE VII                        | INCORPORATOR  |  |   |
| The <u>name and a</u>               | ddress of the Incorporator is:  |  |   |
| Name:                               | Riki McGettigan   |  |   |
| Address:                            | One Logan Square, 3rd Floor   |  | •   |
|                                     | Philadelphia, PA 19103  | <del></del>  |   |
| ARTICLE VIII                        | EFFECTIVE DATE:   |  |   |
| Effective date                      | f other than the date of filing:<br>date is listed, the date must be specific and ca                  | . (OPTIONAL)   | or or 90 days after the                           |
| (If an effective filing.)           | date is listed, the date must be specific and ex  | man he more man nec days pro-  | or or our days areer the                          |
| Note: If the dat<br>the document's  | e inserted in this block does not meet the applic<br>effective date on the Department of State's reco | able statutory filing requirements, t<br>rds.                                | his date will not be listed as                    |
| Having been no<br>this certificate, | med as registered agent to accept service of pro<br>am familiar with and accept the appointment of    | ocess for the above stated corporate<br>is registered agent and agree to act | ion at the place designated i<br>in this capacity |
| 2                                   | Anthony   | Palazzo, Assistant Secretary   | 03/13/2019  |
| <u>ву: - 7</u>                      | Required Signature/Registered Agent   |  | Date  |
| I submit this do                    | cument and affirm that the facts stated herein<br>Department of State constitutes a third degree      | are true. I am aware that the fals<br>felony as provided for in s.817.155,   | se information submitted in F.S.                  |
| 1 D d                               | 11/ (11 00)   |  | March 13, 2019                                    |
| RIQ                                 | ired signature incorporator   |  | Date  |
| ( )                                 | / - "   |  |   |