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Florida Department of State
Division of Corporations
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((H190001159683)))



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**FLORIDA PROFIT/NON PROFIT CORPORATION
E STORE WHOLESALE INC.**

Certificate of Status	0
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JD 4/9/19

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COVER LETTER

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

SUBJECT: E STORE WHOLESALE INC.(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee☐ \$78.75
Filing Fee
& Certificate of Status☐ \$78.75
Filing Fee
& Certified Copy☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status**ADDITIONAL COPY REQUIRED****FROM:** FILE RIGHT LLC

Name (Printed or typed)

5314 16TH AVE, SUITE 139

Address

BROOKLYN, NY 11204

City, State & Zip

718-878-5811

Daytime Telephone number

sales@fileacorp.com

E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: E STORE WHOLESale INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is

6601 LYONS ROAD, SUITE E76601 LYONS ROAD, SUITE E7COCONUT CREEK, FL 33073COCONUT CREEK, FL 33073**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY LAWFUL PURPOSEFILED
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DIVISION OF CORPORATIONS
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Name and Title: _____

Address: 6601 LYONS ROAD, SUITE E7

Address: _____

COCONUT CREEK, FL 33073Name and Title: CILAIM SHIMIEL GROSS, OFFICER

Name and Title: _____

Address: 6601 LYONS ROAD, SUITE E7

Address: _____

COCONUT CREEK, FL 33073

Name and Title: _____ 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: CHAIM SHMIEL GROSS
 Address: 6601 LYONS ROAD, SUITE E7
COCONUT CREEK, FL 33073

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARK FUCHS
 Address: 5314 16TH AVE, SUITE 139
BROOKLYN, NY 11204

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 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

<u>/s/ Chaim Shmiel Gross</u>	<u>4/8/19</u>
Required Signature/Registered Agent	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.

<u>/s/ Mark Fuchs</u>	<u>4/8/19</u>
Required Signature/Incorporator	Date

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