





June 7, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: BONEE CORP  
REF: W19000054756

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams  
Regulatory Specialist II

FAX Aud. #: H19000179923  
Letter Number: 419A00011453

19 JUN -7 AM 11:32

STATE TAX DEPARTMENT  
OPERATIONS & COMPLIANCE

**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: BONEE CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address  
534 Broadhollow Road 302  
Melville NY 11747

Mailing address, if different is:

c/o Lehman Flynn Vollaro534 Broadhollow Road 302Melville NY 11747**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.19 JUN -7 AM 11:32  
STATE OF NEW YORK  
CLERK OF THE SUPREME COURT  
CLERK OF THE COURT OF APPEALS  
CLERK OF THE COURT OF COMMON PLEAS  
CLERK OF THE COUNTY CLERK**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Salih Pekic/ PRES.

Name and Title: \_\_\_\_\_

Address 1781 2nd Avenue

Address: \_\_\_\_\_

New York NY 10128

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
Address: 155 Office Plaza Drive, 1st Fl.  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Veronica Gonzalez  
Address: C/O Blumberg 16 Court Street  
Brooklyn NY 11241

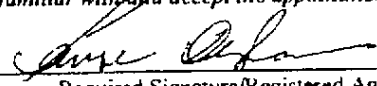
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

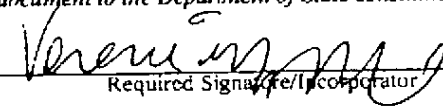
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**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*

 Lauren DePas 6/6/19  
Required Signature/Registered Agent Asst. Sec. 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.*

 6/6/19  
Required Signature/Incorporator Date

19 JUN -7 AM 11:32  
RECEIVED  
DEPARTMENT OF STATE  
CORPORATION