

P19000051806

Florida Department of State
Division of Corporations
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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 : (718) 889-7420

****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**Gallery of Illusion, Corp**

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

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THE UNIVERSITY OF CHICAGO

19 JUN 28 AM 11:43
F.S. (Profit)

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F.S. (Profit)

Gallery of Illusion, Corp

Gallery of Illusion, Corp

Principal street address

Mailing address, if different is:
534 Broadhollow Rd - 302

Melville, NY 11747

to engage in any lawful act or activity for

to engage in any lawful act or activity for

1000

1000

Salih Pekic / Director

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

19 JUN 28 2:11:43

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **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 INCORPORATORThe **name and address** of the Incorporator is:

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

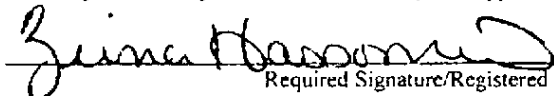
ARTICLE VIII EFFECTIVE DATE:

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.)

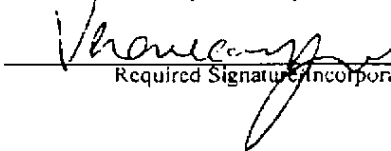
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

6/28/19
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.


Required Signature/Incorporator

6/28/19
Date