

7/9/2019

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**P19000053637**

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
SIMPLY YOURS SANGRIA INC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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Electronic Filing Menu

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Help

JUL 10 2019

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

**ARTICLE I NAME** SIMPLY YOURS SANGRIA INC  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1608 NE 9TH STREET

1608 NE 9TH STREET

FORT LAUDERDALE, FL 33304

FORT LAUDERDALE, FL 3304

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES** 1000  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CHRISTOPHER FERRONE P/T

Name and Title: RAYMOND JACOMO VP/S

Address 1608 NE 9TH STREET

Address: 110 WASHINGTON AVE #1419

FORT LAUDERDALE, FL 33304

MIAMI BEACH, FL 33139

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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(((H19000209017 3)))

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: SOUTH FLORIDA TAX  
Address: 12401 ORANGE DRIVE, STE 222  
DAVIE, FL 33330

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SCOTT E ITKIN  
Address: 12401 ORANGE DRIVE, STE 222  
DAVIE, FL 33330

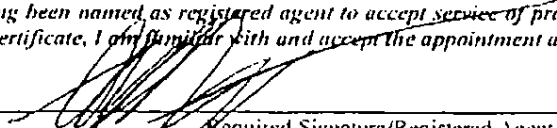
**ARTICLE VIII EFFECTIVE DATE:**

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

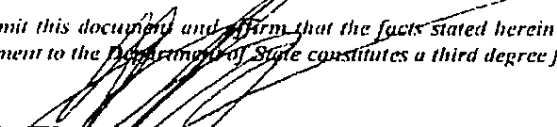
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 _____ Required Signature/Registered Agent	<u>7/9/2019</u> _____ 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	<u>7/9/2019</u> _____ Date
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1608 NE 9TH STREET

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FORT LAUDERDALE, FL 3304

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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MIAMI BEACH, FL 33139

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

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Required Signature/Registered Agent  
7/9/2019  
Date

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Required Signature/Incorporator  
7/9/2019  
Date

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