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Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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7	To:	Division of Corporations Fax Number : (850) 617-6381	7 (î .
	From:	Account Name : VCORP SERVICES, LLC Account Number : 120080600067 Phone : (945)425-0077 Fax Number : (845)818-3588	SEORE IAR SEORE IAR SALLAHASS	_
**En	annual report	address for this business entity to be used for for mailings. Enter only one email address please.* B: DA PROFIT/NON PROFIT CORPORATION		LED
31 PH 1:35		Blink Deerwood Inc. Sertificate of Status 0 ertified Copy 1 age Count 04 stimated Charge \$78.75		
JUL 9105	<u> </u>		N. SAMS 700 01 7019	

Corporate Filing Menu

Electronic Filing Menu

Help

COVER LETTER

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

SUBJECT:	Blink Deerwood Inc.				
SCDARCT	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFLY)				
Enclosed are an	original and one (1) copy of the articles of incorporation and a check for:	_			
☐ \$70.0 Filing Fe		of			
FROM:	Name (Printed or typed) c/o Blank Rome LLP - One Logan Square, 3rd Floor	ZOI9 JUN 31 SECKETARY ALL AHASSE			
	LED RH 4:00				
	Philadelphia, PA 19103 City, State & Zip				
	215-569-5784	0			
	tracy.hughey@equinox.com				

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

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

ARTICLE I The name of the	NAME corporation shall be	Blink Deerwood	Inc.		
ARTICLE II PRINCIPAL OFFICE Principal street address					address, if different is:
386 Park Avenu	e South, 11th Floor	-			
New York, NY	10016				
ARTICLE III The purpose for	which the corporati	on is organized is:	Ownership and		scility
17.1 01	-				•
	r Str	<u>:- </u>	3 pc 3		2016 TALL
ARTICLE V	nares of stock is:	RS AND/OR DIRE	<u>CTORS</u>		IARY OF THE OPEN
Name a				Name and Tule:	9
Name at Address	s		/	Address:	
Name ar Address	nd Title:			lame and Title:	

Stranger

Name an	d Title:	Name and Title:	
Address	·	Address:	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptab	(a) of the registered quanties	
Name:	Vcorp Services, LLC	2019 JUN 3 I	~ ~
Address:	5011 South State Road 7, Suite 106		==
	Davie, FL 33314	HRY de Research	i M
ARTICLE VII	INCORPORATOR	PM 4: 00	Ů,
The name and a	ddress of the Incorporator is:	00	ï
Name:	Ivy M. Shapiro	<u> </u>	
Address:	One Logan Square, 3rd Floor	<u></u>	
	Philadelphia, PA 19103		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if (If an effective of filing.)	other than the date of filing:		ie
	e inserted in this block does not meet the application of State's reco	able statutory filing requirements, this date will not be listed.	sted as
	am familiar with and accept the appointment a	ocess for the above stated corporation at the place design is registered ugent and agree to act in this capacity	nated in
Ву:	min mith	7/31/2019	
	Required Signature/Registered Agent	Date	
	sument and uffirm that the facts stated herein Department of State constitutes a third degree;	are true. I am aware that the false information submit felony as provided for in 5.817.155. F.S.	tted in a
	My M. Ahanero	July 31, 2019	
Requ	ired Signature/Incorporator	Date	