Florida Department of State

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.

(((H19000298919 3)))



H190002989193ABCF

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

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 40 SERVING LOVE INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

C RICO OCT 0 8 2019

Electronic Filing Menu

Corporate Filing Menu

Help

Oct. 8. 2019 9:41AM GEALD WEINBERG 419 3

ARTICLES OF INCORPORATION

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

name of the corporation		· · · · · · · · · · · · · · · · · · ·	
TICLE II PRINCIPA Pri	1 <i>L OFFICE</i> ncipal <u>street</u> address	Mailing address,	if different in
NORTH FLAGLER D		515 NORTH FLAGLER	DRIVE
TTE P300		SUITE P300	
EST PALM BEACH, FI	. 33401	WEST PALM BEACH,	FL 33401
TICLE III PURPOSE purpose for which the o	corporation is organized is:	O ALL LAWFUL BUSINESS	
	···		
TICLE IV SHARES	200		
	OFFICERS AND/OR DIRECTORS		
number of shares of stoo	ok is:	Name and Title:	
TICLE V INITIAL C Name and Title:	sk is:	Name and Title:	
TICLE V INITIAL C Name and Title: Address	OFFICERS AND/OR DIRECTORS EORDAN REISNER, DIRECTOR		
TICLE V INITIAL CONTROL Name and Title: Address SI	OFFICERS AND/OR DIRECTORS EORDAN REISNER, DIRECTOR 5 NORTH FLAGLER DRIVE		
Name and Title: Address St W	DEFICERS AND/OR DIRECTORS EORDAN REISNER, DIRECTOR S NORTH FLAGLER DRIVE JITE P300	Address:	
Name and Title: Address St W	DEFICERS AND/OR DIRECTORS EORDAN REISNER, DIRECTOR S NORTH FLAGLER DRIVE JITE P300 EST PALM BEACH, FL 33407	Address: Name and Title:	
Name and Title: Name and Title: Name and Title:	DEFICERS AND/OR DIRECTORS EORDAN REISNER, DIRECTOR 5 NORTH FLAGLER DRIVE JITE P300 EST PALM BEACH, FL 33407	Address: Name and Title:	
Name and Title: Name and Title: Name and Title:	DEFICERS AND/OR DIRECTORS EORDAN REISNER, DIRECTOR 5 NORTH FLAGLER DRIVE JITE P300 EST PALM BEACH, FL 33407	Address: Name and Title:	
Name and Title: Name and Title: Address Name and Title: Address	DEFICERS AND/OR DIRECTORS EORDAN REISNER, DIRECTOR 5 NORTH FLAGLER DRIVE JITE P300 EST PALM BEACH, FL 33407	Address:	
Name and Title: Name and Title: Address Name and Title: Address	DEFICERS AND/OR DIRECTORS EORDAN REISNER, DIRECTOR 5 NORTH FLAGLER DRIVE JITE P300 EST PALM BEACH, FL 33407	Name and Title: Address: Name and Title: Address:	
Name and Title: Address Name and Title: Address Name and Title: Name and Title: Name and Title:	DEFICERS AND/OR DIRECTORS EORDAN REISNER, DIRECTOR 5 NORTH FLAGLER DRIVE JITE P300 EST PALM BEACH, FL 33407	Name and Title: Address: Name and Title: Address:	

FAISTON OF CORPORANCE

(H19000298919 3)

Name and Title:		Name and Title:	
Address		Address:	
		·	
		·	
	REGISTERED AGENT		
The <u>name and I</u>	Florida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	GEORDAN REISNER		
Address:	515 NORTH FLAGLER DRIVE, SUITE P300		
	WEST PALM BEACH, FL 33407	30 00	
		**	
ARTICLE VII	<u>INCORPORATOR</u>	1 &	
The name and a	address of the Incorporator is:	™e) 	
Name:	LAWRENCE A. KIRSCH	ę,	
Address:	90 STATE STREET, SUTIE 815	03	
ridu das.	ALBANY, NEW YORK 12207		
		•	
	EFFECTIVE DATE:		
	f other than the date of filing:		
(If an effective filling.)	date is listed, the date must be specific and canno	t be more than five days prior or 90 days after the	
Note: If the dat	te inserted in this block does not meet the applicable	statutory filing requirements, this date will not be listed as	
	effective date on the Department of State's records.	, 6 1	
Having been no	ormad as registered agent to accept service of process	for the above stated corporation at the place designated in	
	I am familiar with and accept the appointment as reg		
U-		10/07/2019	
مروتع	Required Signature/Registered Agent	Date	
		true. I am aware that the false information submitted in a	
document to the	Department of State constitutes a third degree felon	y as provided for in s.817.155, F.S.	
(Laurence Or Kisch	10/07/2019	
Regi	uired Signature/Incorporator	Date	