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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

Phone

: (845)425-0077

Fax Number

: (845)818-3588

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

Manhattan Innovative Ventures Inc.

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(FAX)845 818 3588 P.002/003 12/03/2019 15:35

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

II PRINCIP Pr	<u>AL OFFICE</u> incipal <u>street</u> address		Mailing address, if differe	ent is:
h Street		1	48 W 24th Street	
, NY 10011		<u> </u>	New York, NY 10011	
III PURPOS se for which the	E any lawfe corporation is organized is:	ul activity		
er of shares of st	ock is:			
er of shares of st EV INITIAL	ock is:		and Title:	
er of shares of st E. V. INITIAL Name and Title:	OFFICERS AND/OR DIRECTORS George Zoitas, President	Name	and Title:	
E V INITIAL Name and Title:	OFFICERS AND/OR DIRECTORS George Zoitas, President	Name		
er of shares of st EV INITIAL Name and Title: Address	OFFICERS AND/OR DIRECTORS George Zoitas, President 148 W 24th Street	Name		
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Name ar	nd Title:Nал	Name and Title:		
Addres	Add	ress:		
ARTICLE VI_	REGISTERED AGENT Sorida street address (P.O. Box NOT acceptable) of the re	egistered agent is:		
Name:	Vcorp Services, LLC			
Address:	5011 South State Road 7, Suite 106			
	Davic, FL 33314			
ADTICLE VII	INCORPORATOR			
The <u>name and a</u>	address of the Incorporator is:			
Name:	Racesa Ibrahim			
Address:	25 Robert Pitt Drive, Suite 204			
	Monsey, NY 10952			
ARTICI F VIII	<u>EFFECTIVE DATE:</u>			
Effective data	if other than the date of filing: date is listed, the date must be specific and cannot be	(OPTIONAL) more than five business days prior or 90 business		
Note: If the da	te inserted in this block does not meet the applicable statu effective date on the Department of State's records.	tory filing requirements, this date will not be listed as		
Having been no this certificate,	amed as registered agent to accept service of process for l I am familiar with and accept the appointment as register	the above stated corporation at the place designated in ed agent and agree to act in this capacity		
	m &	11/26/2019		
<u></u> -	Required Signature/Registered Agent	Date		
I submit this d	ocument and affirm that the facts stated herein are true. e Department of State constlutes a third degree felony as	I am aware that the false information submitted in a provided for in \$.817.155, F.S.		
www.minesto III	Rimal	11/26/2019		
Rec	uired Signature/Incorporator	Date		