

P19 000 091 349

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.

((H19000357603 3)))



H190003576033ABC1

**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 : FILE RIGHT LLC  
Account Number : 120170000091  
Phone : (718) 878-5811  
Fax Number : (718) 732-4580

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

Email Address: sales@fileacorp.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
DISNYDEALS INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

FAX REFERENCE # H19000357603 3

**COVER LETTER**

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

**SUBJECT:** DISNYDEALS INC.(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee☐ \$78.75  
Filing Fee  
& Certificate of Status☐ \$78.75  
Filing Fee  
& Certified Copy☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status**ADDITIONAL COPY REQUIRED****FROM:** FILE RIGHT LLC

Name (Printed or typed)

5314 16TH AVE, SUITE 139

Address

BROOKLYN, NY 11204

City, State &amp; Zip

718-878-5811

Daytime Telephone number

sales@fileacorp.com

E-mail address: (to be used for future annual report notification)

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

fax reference H19000357603 3

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

**ARTICLE I NAME** DISNYDEALS INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address \_\_\_\_\_

Mailing address, if different is: \_\_\_\_\_

21 WILSHIRE DRIVE, SUITE 1

21 WILSHIRE DRIVE, SUITE 1

CHESTNUT RIDGE, NY 10977

CHESTNUT RIDGE, NY 10977

**ARTICLE III PURPOSE** ANY LAWFUL PURPOSE  
The purpose for which the corporation is organized is: \_\_\_\_\_

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

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

Name and Title: YEHUDA MOSKOVITZ, PRESIDENT

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

Address 182 LYNCH STREET

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

BROOKLYN, NY 11206

Name and Title: YOEL MOSKOVITZ, OFFICER

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

Address 21 CHEVRON ROAD

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

MONROE, NY 10950

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

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

fax reference H19000357603 3

19 DEC 11 AM 8:00

fax reference H19000357603 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: BUSINESS FILINGS INCORPORATED  
Address: 1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33326

**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:

Name: MARK FUCHS  
Address: 5314 16TH AVE, SUITE 139  
BROOKLYN, NY 11204

**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*

Patricia Gaudreau, Asst Sec. Business Filings Incorporated  
Required Signature/Registered Agent

12/11/19

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.*

/s/ Mark Fuchs  
Required Signature/Incorporator

12/11/19

Date

fax reference H19000357603 3