

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION  
CARENI INC.

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Corporate Filing Menu

Help

CARENI INC.

12/11/2019

FAX REFERENCE # H19000357595 3

**COVER LETTER**

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

**SUBJECT:** CAREN 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 H19000357595 3

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

**ARTICLE I NAME**The name of the corporation shall be: CARENI INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

21 WILSHIRE DRIVE, SUITE 121 WILSHIRE DRIVE, SUITE 1CHESTNUT RIDGE, NY 10977CHESTNUT RIDGE, NY 10977**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: YEHUDA MOSKOVITZ, PRESIDENT

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

Address: 182 LYNCH STREET  
BROOKLYN, NY 11206

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

Name and Title: YOEL MOSKOVITZ, OFFICER

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

Address: 21 CHEVRON ROAD  
MONROE, NY 10950

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

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

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

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

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

19 DEC 11 AM 8:00

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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*

Andrea Gumbrecht 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

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