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To:

Division of Corporations

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From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067

: (845)425-0077

Fax Number

: (845)818-3588

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APR 2 9 2020

T. SCOTT

ARTICLES OF INCORPORATION

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

ICLE II PRIN	Principal street address		Mailing address, if different is:		
Surfside, FL 33154		9565 Byr	9565 Byron Avenue Surfside. FL 33154		
		Surfside.			
TICLE III PURF e purpose for which	POSE the corporation is organized is:	lawful activity			
				(%) (%) (%) (%) (%) (%) (%) (%) (%) (%)	
				7 73	
		<u>.</u>		co	
TICLE IV SHAI e number of shares of	RES 100 of stock is:			PX 12: 16	
TICLE V INIT	IAL OFFICERS AND/OR DIRECTO	ORS		•	
	IAL OFFICERS AND/OR DIRECTO Neil Plawes, Director tle:	_	Jacob Rubner, Directo	or 	
Name and Tit Address	Noil Blauer Director	Name and Title	Jacob Rubner, Directo 9565 Byron Avenue	nr	
Name and Tit	Neil Plawes, Director	Name and Title	<u> </u>	nt	
Name and Tit	Neil Plawes, Director 84-22 122nd Street	Name and Title	9565 Byron Avenue	ж	
Name and Tit	Neil Plawes, Director 84-22 122nd Street Queens, NY 11415	Name and Title	9565 Byron Avenue Surfside, FL 33154	ж	
Name and Tit	Neil Plawes, Director 84-22 122nd Street Queens, NY 11415	Name and Title Address: Name and Title	9565 Byron Avenue Surfside, FL 33154	or .	
Name and Tit Address Name and Titl	Neil Plawes, Director 84-22 122nd Street Queens, NY 11415	Name and Title Address: Name and Title	9565 Byron Avenue Surfside, FL 33154	or .	
Name and Tit Address Name and Titl Address	Neil Plawes, Director 84-22 122nd Street Queens, NY 11415	Name and Title Address: Name and Title Address: Address:	9565 Byron Avenue Surfside, FL 33154		

Name an	nd Title;	Name and Title:
Address		Address:
	REGISTERED AGENT lorida streetaddress (P.O. Box NOT acceptable	o) of the maintained agent in
Name:	Veorp Services, LLC	e) of the registered agent is.
Address:	5011 South State Road 7, Suite 106	
	Davie, FL 33314	
ARTICLE VII	<u>INCORPORATOR</u>	
•	ddress of the Incorporator is:	
Name:	Racesa Ibrahim	
Address:	25 Robert Pitt Drive, Suite 204	
	Monsey, NY 10952	<u> </u>
ADTICLE VIII	EFFECTIVE DATE.	
Effective date, if		. (OPTIONAL) nnot be more than five business days prior or 90 business
	e inserted in this block does not meet the applied offective date on the Department of State's record	ble statutory filing requirements, this date will not be listed as ds.
Having been nat thiscertificate, I	med as registered agent to accept service of pro am familiar with and accept the appointment a	cess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
	mSz	04/27/2020
Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein Department of State constitutes athird degree f	are true. I am aware that the false information submitted in a Plony as provided for in s.817.155, F.S.
Bual		04/27/2020
Required Signature/Incorporator		Date