

P20000039235

**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.

((H20000163333 3)))



H20000163333ABCV

**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

K. PAGE

JUN 02 2020

From:

Account Name : Vcorp SERVICES, LLC  
Account Number : I20080000067  
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

### A.D. Scher Corporation

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

FILED

2020 JUN -1 PM 4:44

2020 JUN -1 PM 2:04

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: A.D. Scher Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18061 Biscayne Blvd 1002N-2

Aventura, FL 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Protective Gear Consulting.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shimon Russak-CEO

Name and Title:

Address 18061 Biscayne Blvd 1002N-2

Address:

Aventura, FL 33160

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED  
2020 JUN - 1 PM 4:44  
CLERK OF DISTRICT COURT  
JANUARY 1, 2021

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: Vcorp Services, LLC  
Address: 5011 South State Road 7, Suite 106  
Davie, FL 33314

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is

Name: Shimon Russak  
Address: 18061 Biscayne Blvd 1002N-2  
Aventura, FL 33160

**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*

\_\_\_\_\_  
Required Signature/Registered Agent

6/01/2020

\_\_\_\_\_  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

6/01/2020

\_\_\_\_\_  
Date

FILED  
2020 JUN - 1 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FL