

7/27/2020

# P20000056704

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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

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

FILED

20 JUL 27 PM 2:07

ALL REQUESTS FOR INFORMATION MUST BE MADE IN WRITING TO THE DIVISION OF CORPORATIONS, 1200 GULF BLVD, SUITE 1200, MIAMI, FL 33132

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Redemption Plus, Inc.**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

RECEIVED  
DIVISION OF CORPORATIONS  
COMMERCIAL  
SERVICES

2020 JUL 29 PM 4:00

Please keep file date 7/27/2020

Electronic Filing Menu

Corporate Filing Menu

Help

**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: REDEMPTION PLUS, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

c/o Bogdan Nowak  
500 Island Drive  
Palm Beach, FL 33480

PO BOX 9788  
Fall River, MA 02720

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in the business of producing and selling redemption and novelty items and other lawful purposes.

**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Michael Nowak, President and SecretaryName and Title: Bogdan Nowak, Treasurer

Address 350 Commerce Drive  
Fall River, MA 02720

Address: 350 Commerce Drive  
Fall River, MA 02720

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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: National Registered Agents, Inc.

Address: 1200 South Pine Island Road  
Plantation, FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: James P. Redding, Esq.

Address: c/o Greenberg Traurig LLP One International Place  
Boston, MA 02110

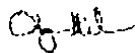
**ARTICLE VIII EFFECTIVE DATE:**

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*



Olga Hinkel, VP

7/27/2020

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

\_\_\_\_\_  
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



JAMES P. REDDING

24 July 20  
\_\_\_\_\_  
Date