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FLORIDA PROFIT/NON PROFIT CORPORATION 6DS, Inc.

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COVER LETTER

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SUBJECT: _

6DS, Inc.

	(PROPOSED CORPOR.	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
□ \$70.00 Filing Fee	** \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED
FROM:	Debra Silverstein, Paralegal Orr & Reno, PA	e (Printed or typed)	
	PO Box 3550		
		Address	
	Concord, NH 03302		
	City	State & Zip	
	603-223-9140		
	Daytime 1	elephone number	
	dsilverstein@orr-reno.com		
	E-mail address: (to be use	d for future annual report n	otification)

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

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

ARTICLE I NAME The name of the corporation	on shall her 6DS, Inc.		
ARTICLE II PRINCI		Maili	ng address, if different is:
l Mifflin Place, Suite	<u> </u>		
Cambridge, MA 02			
ARTICLE III PURPOS			
<u>-</u>	corporation is organized is: erce services and to transact any lawfi	al business for which come	
		- -	<u></u>
under the Florida B	usiness Corporation Act as it now exi	sts or may hereafter be am	ended or supplemented.
,			20
			90%
	······································	-	
48.000 E 201	-		
ARTICLE IV SHARES The number of shares of st		common stock with no par	value
			
ARTICLE V INITIAL	OFFICERS AND/OR DIRECTORS		S
Name and Title:	Ziyao Wang, President	Name and Title:	Ziyao Wang, Treasurer
Address _	1 Mifflin Place, Suite 400	Address:	1 Mifflin Place, Suite 400
_	Cambridge, MA 02138		Cambridge, MA 02138
_			
Name and Title:	Ziyao Wang, Secretary	Name and Title:	Ziyao Wang, Director
Address	I Mifflin Place, Suite 400	Address:	1 Mifflin Place, Suite 400
_	Cambridge, MA 02138		Cambridge, MA 02138
_	_		
Name and Title:		Name and Title:	
Address _		Address:	<u> </u>
_			

Name and Ti	itle:	Name and Title:
Address		Address:
	GISTERED AGENT	
The name and Florid	ia street address (P.O. Box NOT acceptal	ole) of the registered agent is:
Name: _	Cogency Global Inc.	
Address:	115 N. Calhoun Street, Suite 4	
 -	Tallahassee, FL 32301	
ARTICLE VII INC	CORPORATOR	
The name and addre	ess of the Incorporator is:	
Name:	Ziyao Wang	
Address: 1 Mifflin Place, Suite 400 Cambridge, MA 02138	1 Mifflin Place, Suite 400	
	Cambridge, MA 02138	
ARTICLE VIII EF	FECTIVE DATE:	
Effective date, if othe (If an effective date filing.)	er than the date of filing: Is listed, the date must be specific and o	. (OPTIONAL) sannot be more than five days prior or 90 days after the
Note: If the date inso	erted in this block does not meet the appli tive date on the Department of State's rec	cable statutory filing requirements, this date will not be listed a ords.
Having been named a certificate, I am famil	as registered agent to accept service of pro- liar with and accept the appointment as re	cess for the above stated corporation at the place designated in t gistered agent and agree to act In this capacity
/s/ Marisa Ku	agelmann, Assistant Secretary, Cogency Gi	obal Inc. 8/4/2020
•	Required Signature/Registered Agen-	Date
I submit this docume document to the Depo	ent and affirm that the facts stated herein artment of State constitutes a third degree	s are true. I am aware that the false information submitted in felony as provided for in s.817.155, F.S.
		3/4/2020
Required Signature/In	acorporator Ziyao Wang	Date