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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

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FLORIDA PROFIT/NON PROFIT CORPORATION **GET PAID MIAMI, INC**

Certificate of Status	1	
Certified Copy	0	
Page Count	04	
Estimated Charge	\$78.75	

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

GET PAID MIAMI, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

725 N E 4TH STREET, UNIT 205 HALLANDALE, FL 33009

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at no par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GIL MENASHE 725 N E 4TH STREET, UNIT 205 HALLANDALE, FL 33009 OSEP 16 PH 3: 15

Prepared By:

1-516-935-3940

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ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

GIL MENASHE- PRESIDENT/ DIRECTOR 725 N E 4TH STREET, UNIT 205 HALLANDALE, FL 33009

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

GIL MENASHE-725 N E 4TH STREET, UNIT 205, HALLANDALE, FL 33009

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

9TH day of SEPTEMBER 20 20

GIL MENASHE Signature → 18506176381 pg 5 of 5

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE ST ATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	GET PAID MIAMI, INC	
2. The name and address of the regis	stered agent and office is:	
	GIL MENASHE Name	
	725 N E 4TH STREET, UNIT 205 (P.O. Box or Mail Drop Box NOT Acceptable)	
	HALLANDALE, FL 33009 (City / State / Zip)	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

9/15/2020 (Date)

SIGNATURE