P20000074214

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer.					

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DIVISION OF CORPORATIONS
TALLAMASSEE, FLORIDA

2020 SEP 23 PM 12: 39

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C RICO SEP :: 3 2929

Incorporating Services, Ltd.

incserv^L

1540 Glenway Drive Tallaḥassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

corphelp@dos.myfforida.c

FROM

Melissa Stops mstops@incserv.com

850.656.7953

REQUEST DATE 9/22/2020

PRIORITY Routine

OUR REF_#_(Order_ID#)] 854208

ORDER ENTITY______
PENZIE GROUP, INC.

-		 _	 	 			
ч	 		 	 7 12 1	LIN	I CMALTRIC	CEDVITCE
_			LFU		TUL	LUMIN	SERVICES:

PENZIE GROUP, INC. (FL)

Please file the attached articles and provide a certified copy as evidence.

NOTES:

\$78.75 Authorized

Email address for annual report reminders: Lisa@delaneycorporate.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF INCORPORATION

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

ARTICLE 1 NAME The name of the corpora	Penzie Group, Inc.		
<u>ARTICLE II PRINC</u>	<u>CIPAL OFFICE</u> Principal <u>street</u> address	Mailing a	ddress, if different is:
17800 Atlantic Blvd, A	pt. 205		,
North Miami Beach, FI	33160		
ARTICLE III PURPO The purpose for which t State of Florida.	DSE Any land to the corporation is organized is:	awful act or activity for which a c	orporation may be formed in
ARTICLE IV SHAR. The number of shares of			2020 SEP 23
	AL OFFICERS AND/OR DIRECTOR		PH 12
Name and Title	Shlomo Antebi, Director	Name and Title:	
Address		Address:	
	North Miami Beach, FI, 33160		
Name and Title	:	Name and Title:	
Address			
Name and Title	:	Name and Title:	
Address		Address:	

Name an	d Title:	Name and Title:		
Address	<u> </u>	Address:		
	<u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT acceptable) of the registered agent is:		
Name:	Shlomo Antebi	,		
Address:	17800 Atlantic Blvd, Apt. 205	_		
, route	North Miami Beach, FL 33160	_		
ARTICLE VII	INCORPORATOR			
	ddress of the Incorporator is:			
	Shlomo Antebi			
Name: Address:	17800 Atlantic Blvd, Apt. 205			
radicos.	North Miami Beach, FL 33160			
Effective date, if	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)		
		mot be more than five days prior or 90 days after the		
•	inserted in this block does not meet the applical	ble statutory filing requirements, this date will not be listed as		
	ffective date on the Department of State's record			
		ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity		
	cuSigned by:	September 22, 2020		
	Lomo (Lutu) 1954/1860A445 Required Signature/Registered Agent	Date		
I submit this doc	cument and affirm that the facts stated herein a Department of State constitutes a third degree fe	ire true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S.		
1 -	Womo Autili	September 22, 2020		
Requi	fred Signature/Incorporator	Date		