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| | Division of Corporations |
| | Fax Number : (850)617-6381 |
| _ | · · |
| From: | Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC. |
| | |
| | Account Number : 075350000353 |
| | Phone : (800)221-2972 |
| | Fax Number : (917)243-5843 |
| | |
| | the second secon |
| Enter | the email address for this business entity to be used for future |
| an | nual report mailings. Enter only one email address please.** |
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FLORIDA PROFIT/NON PROFIT CORPORATION LF Palm Beach Inc.

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Electronic Filing Menu

Corporate Filing Menu

Help

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

| | CIPAL OFFICE Principal street address | | Mailing address, if inciana Plaza 340 l | | |
|----------------------------------|--|---|--|----------|-------------|
| Royal Poinciana Plaza | 340 Royal Poinciana Way M325C | STE M3: | STE M325C | | |
| Palm Beach, FL 33480 | | Palm Bea | ch, FL 33480 | | |
| ARTICLE III PURP | | ORE | | <u> </u> | 2020 |
| | al act or activity for which corporations may | be organized. | | | 730 |
| | | | | | 9- |
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| N 1994 | | | | | |
| | Rachelle Hruska-MacPherson, Director e: 113 JANE STREET | _ | : | | |
| Name and 110 | 113 JANE STREET | _ Name and Title _ Address: | | | |
| | 113 IANE STREET | Address: | | | |
| Address | NEW YORK, NY 10014 | Address: | | | |
| Address | NEW YORK, NY 10014 | Address: Name and Title | | | |
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| Name and Title: | | Name and Title: | |
|-------------------------------------|---|---|--|
| Addres | 555 | Address: | |
| | | | |
| ARTICLE VI | REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of | the reciptored equation | |
| Name: | Rachelle Hruska-MacPherson | uic registared agent is. | |
| Address: | Royal PoincianaPlaza 340 Royal Poinciana Way | | |
| Additss. | STE M325C, Palm Beach, FL 33480 | | |
| ARTICLE VII | INCORPORATOR | | |
| The name and | address of the Incorporator is: | | |
| Name: | Rachelle Hruska-MacPherson | | |
| Address: | 113 JANE STREET | | |
| | NEW YORK, NY 10014 | | |
| Effective date | if other than the date of filing: | . (OPTIONAL) t be more than five business days prior or 90 business | |
| days after the | filing.) | | |
| Note: If the da the document's | te inserted in this block does not meet the applicable effective date on the Department of State's records. | statutory filing requirements, this date will not be listed as | |
| Having been no this certificate, | amed as registered agent to accept service of process I am familiar with and accept the appointment as reg | for the above stated corporation at the place designated i istered agent and agree to act in this capacity | |
| × Reviselle | Hruska | Oct 5, 2020 | |
| | Required Signature/Registered Agent | Date | |
| I submit this d document to th | ocument and affirm that the facts stated herein are e Department of State constitutes a third degree felon | true. I am aware that the false information submitted in y as provided for in s.817.155, F.S. | |
| <u> Pachelle</u> | | Oct 5, 2020 | |
| 40 40 415 | uired Signature/Incorporator | Date | |