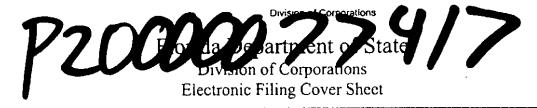
10/6/2020



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000347984 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

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

Email Address:	
FWAIT ADDLESS:	

FLORIDA PROFIT/NON PROFIT CORPORATION Red House Merchandising Inc

Certificate of Status Certified Copy 01 Page Count \$70.00 Estimated Charge

Ö

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 corporati	Red House Merchandis on shall be:	ing Inc		
ARTICLE II PRINCE	Principal <u>street</u> address uite 102	Mailing address 110 Bomar Court, S	Mailing address, if different is: 110 Bomar Court, Suite 102	
Longwood, FL 327	50	Longwood, FL 327	50	
ARTICLE IV SHARE The number of shares of s	tock is:		20 OCT - 6	
ARTICLE V INITIA Name and Title	LOFFICERS AND/OR DIRECTORS Raymond Rivera - Director	Name and Title:	· 34 52	
-	110 D C 4 C 100	Address:		
	Longwood, FL 32750			
Name and Title:		Name and Title:		
Address				
Name and Title:		Name and Title:		
Address				

Name and	l Title:	Name and Title:
Address	****	Address:
	REGISTERED AGENT	
The name and Flo	orida street address (P.O. Box NOT acceptab	ile) of the registered agent is:
Name:	Raymond Rivera	
Address:	110 Bomar Court, Suite 102	
	Longwood, FL 32750	
	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	Raymond Rivera	
Address:	100 Bomar Rivera	
	Longwood, FL 32750	
	presente batil	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:		(OPTIONAL)
(If an effective di	ate is listed, the date must be specific and	cannot be more than five days prior or 90 days after the
·	inserted in this block does not meet the appli	icable statutory filing requirements, this date will not be listed as
the document cel	Technoldate on the Department of State's rec	ords.
	/// /	for the above stated assumption at the place decimated in this
- Having been nam - certifibate. Lam (d	ed ut registered again to accept service of pro unified with and accept the appointment as re	cess for the above stated corporation at the place designated in this egistered agent and agree to act in this capacity
		. /. /-
		1016/2020 Date
/ J	Required Signature/Registered Agen	
I subjuit this floci document to the L	ument aful affight/that the facts stated herei. Department of Spute constitutes a third degree	n are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
VI MI	MAUA	10/6/2020
Required Signatur	redintinpolitide	Date