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 Division of Corporations
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 Florida Department of State
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To:
From:

Division of Corporations
Fax Number : (850)617-6381

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
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Email Address: tommy@trazains.com

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**FLORIDA PROFIT/NON PROFIT CORPORATION
GET PAID SOUTH FLORIDA 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 SOUTH FLORIDA INC

ARTICLE II PRINCIPAL OFFICE

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

213 HOLIDAY DRIVE
HALLANDALE, FL 33009

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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:

TOM DAFNA
213 HOLIDAY DRIVE
HALLANDALE, FL 33009

Prepared By:

Bruce B. Hubbard

238 W. Jericho Turnpike

Huntington Sta., NY 11746

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):

TOM DAFNA - PRESIDENT / DIRECTOR
213 HOLIDAY DRIVE, 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):

TOM DAFNA
213 HOLIDAY DRIVE, HALLANDALE, FL 33009

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

29TH day of OCTOBER 2020

Tom Dafna

TOM DAFNA
Signature

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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 SOUTH FLORIDA INC

2. The name and address of the registered agent and office is:

TOM DAFNA
Name

213 HOLIDAY DRIVE
(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.

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Tom Dafna
TOM DAFNA
SIGNATURE

OCTOBER 29, 2020
(Date)