Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067

Phone : (845)425-0077 Fax Number : (845)818-3588

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

Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION MIRIAM SPIRA INC

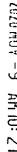
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J. FASON

NOV 1 0 2020

Electronic Filing Menu Corporate Filing Menu

Help



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

Mailing address, if different is:	
4020 N. HILLS DRIVE, APT 39	
HOLLYWOOD, FL 33021	
	2
	2020 NOV -
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17	0.6

Name a	nd Title.	Name and Title:	
Addres	ss	Address:	
		_	
ARTICLE VI	DEZTETEDEN AZEAPT		
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptab	e) of the registered agent is:	
Name:	MIRIAM SPIRA		
Address:	4020 N. HILLS DRIVE, APT 39		
	HOLLYWOOD, FL 33021		
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		21
The <u>name and a</u>	address of the Incorporator is		120
Name:	MIRIAM SPIRA		2020 NOV -9
Address:	4020 N. HILLS DRIVE, APT 39		- 9
	HOLLYWOOD, FL 33021		MH 10: 01
			9.0
ARTICLE YIII	EFFECTIVE DATE:		36
Effective date, i	f other than the date of filing:	(OPTIONA	
(If an effective filing.)	date is listed, the date must be specific and ca	innot be more than five days	prior or 90 days after the
	te inserted in this block does not meet the applic effective date on the Department of State's reco		nts, this date will not be listed as
	amed as registered agent to accept service of pro I am familiar with and accept the appointment a		
$\lambda$	liriam Spira		11/6/2020
<del></del>	Required Signature/Registered Agent		Date
	ocument and affirm that the facts stated herein Department of State constitutes a third degree j		
λ	1iriam Spira		11/6/2020
Required Signature/Incorporator			Date