

**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.**

(((H210000870643)))



H210000870643ABC

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

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 875350000353  
Phone : (800)221-2972  
Fax Number : (917)243-5843

FILED  
2021 MAR -4 AM 9:09  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE FL 32399

**\*\*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**  
**JSL Collection Inc**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

MAR 05 2021  
T. SCOTT

RECEIVED  
2021 MAR -4 PM 12:16  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE FL 32399

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

ARTICLE I NAME  
The name of the corporation shall be: ISL Collection Inc

ARTICLE II PRINCIPAL OFFICE  
Principal street address: 7685 Lexington Club Blvd Unit D  
Mailing address, if different is: 7685 Lexington Club Blvd Unit D  
Delray Beach Fla 33446 Delray Beach Fla 33446

ARTICLE III PURPOSE  
The purpose for which the corporation is organized is: \_\_\_\_\_  
To engage in any lawful act or activity for which corporations may be organized.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE IV SHARES 200  
The number of shares of stock is: \_\_\_\_\_

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Jeffrey Levine, President</u>	Name and Title:	_____
Address	<u>7685 Lexington Club Blvd Unit D</u>	Address:	_____
	<u>Delray Beach Fla 33446</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Jeffrey Levine

Address: 7685 Lexington Club Blvd Unit D

Delray Beach Fla 33446

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: Jeffrey Levine

Address: 7685 Lexington Club Blvd Unit D

Delray Beach Fla 33446

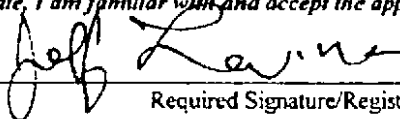
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

x



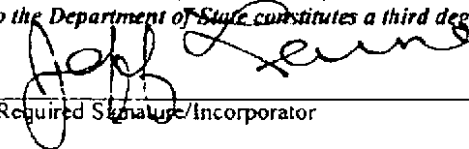
Required Signature/Registered Agent

3/3/21

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

x



Required Signature/Incorporator

3/3/21

Date