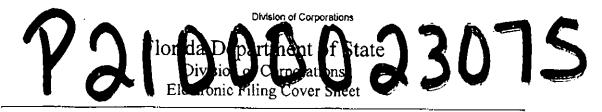
3/16/2021



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(((H21000105322 3))) ·



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To:		Ġ
	Division of Corporations Fax Number : (850)617-6381	
Erom:		Ĺ
	Account Name : ALLSTATE CORPORATE SERVICES CORP Account Number : I20040000031 Phone : (800)906-9220 Fax Number : (800)906-9880	
an	the email address for this business entity to be used for future nual report mailings. Enter only one email address please.**	TOTI TAK I
	FLORIDA PROFIT/NON PROFIT CORPORATION	6 AM 10: 54

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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: MAI	N SFA INC		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUPFIX)
Enclosed are an orig	inal and one (I) copy of the ar	ticles of incorporation and	l a check for:
□ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED

FROM:	STEVEN WEISS, ALLSTATE CORPORATE SERVICES CORP.
	Name (Printed or typed)
	2215 Hendrickson Street, Suite 1
	Address
	Brooklyn, NY 11234
	City, State & Zip
	800-906-9220
	Daytime Telephone number
_	FILING@ACS123.COM
	E-mail address: (to be used for future annual conort natification)

NOTE: Please provide the original and one copy of the articles.

131 15 FT 2:1

(((H21000105322 3)))

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

ICLE II PR	RINCIPAL OFFICE Principal <u>street</u> address	N	failing address, if different is:
			
0 North Powerl	line Road, Pompono Beach, FL 33073		
TICLE III PU	IRPOSE ich the corporation is organized is:	WFUL PU	RPOSE
Lashore of we	ion the corporation is organized is.	·	
		-	
· · · · · · · · · · · · · · · · · · ·			
_			
	S of stock is: 200		
TICLE V INI	TIME DEFICERS AND/OR DIRECTORS Fitle: Jacob Jawitz, President	Name and Title:_	
TICLE V INI	TIAL OFFICERS AND/OR DIRECTORS Fitle: Jacob Jawitz, President 4100 North Powerline Road	Name and Title:_ Address:	
Name and	TIME DEFICERS AND/OR DIRECTORS Fitle: Jacob Jawitz, President		
Name and	TIAL OFFICERS AND/OR DIRECTORS Fitle: Jacob Jawitz, President 4100 North Powerline Road		
Name and Address	TIAL OFFICERS AND/OH DIRECTORS Fitle: Jacob Jawitz, President 4100 North Powerline Road Pompono Beach, FL 33073	Address:	
Name and Table Name and Table Name and Table	TIAL OFFICERS AND/OR DIRECTORS Title: Jacob Jawitz, President 4100 North Powerline Road Pompono Beach, FL 33073 itle: Roz Rosenstein, VP	Address:	
Name and Address	TIAL OFFICERS AND/OH DIRECTORS Fitle: Jacob Jawitz, President 4100 North Powerline Road Pompono Beach, FL 33073	Address:	
Name and Table Name and Table Name and Table	TIAL OFFICERS AND/OR DIRECTORS 1 Jacob Jawitz, President 4100 North Powerline Road Pompono Beach, FL 33073 1 Roz Rosenstein, VP 4100 North Powerline Road	Address:	
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Name and Table Name and Table Name and Table Address	TIAL OFFICERS AND/OR DIRECTORS 1 Jacob Jawitz, President 4100 North Powerline Road Pompono Beach, FL 33073 1 Roz Rosenstein, VP 4100 North Powerline Road	Address: Name and Title: Address: Name and Title:	

Name and Title:		Name and Title:		
Addres				
	ر. د اب پولی ۱۰ د ویژو و ویز بیوانسیسیسی اللغام به با با د استفادهٔ شار کسی آف که تا و د	93.4 septe	-1	
ARTICLE VI	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable) of	the registered agent in		
Name:	Jacob Jawitz	me registered agent 16.		
Address:	4100 North Powerline Road			
	Pompono Beach, FL 33073			
ARTICLE VII	INCORPORATOR			
The name and ac	ddress of the Incorporator is:			
Name:	Jacob Jawitz			
Address:	4100 North Powerline Road			
	Pompono Beach, FL 33073			
ARTICLE VIII	<u>EFFECTIVE DATE;</u>			
Effective date, if (If an effective d filing.)	other than the date of filing: ate is listed, the date must be specific and cannot	. (OPTIONA be more than five days	L) prior or 90 days after	the
	incorted in this block dose not many the analysis			
the document's ef	inserted in this block does not meet the applicable a fective date on the Department of State's records.	latutory himg requiremen	nts, this date will not be	listed
Having been name	ed as registered agent to accept service of process for	the chave duty		7
certificate, I am fa	miliar with any accept the appointment as registered	agent and agree to act l	non at the place designa n this capacity	ned in :
	14/m Stull		3/15/2021	ن .
	Required Signature/Registered Agent	5	Date	<u></u>
I Submit this docu document to the D	ment and affirm that the facts stated hegeln are tr epartment of State constitutes a third fegree felony (ue. I am aware that the 13 provided for in c. R17 1	false information subm	wed i
			very at TLA	$\stackrel{\frown}{}$