Division of Corporations



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(((H21000109803 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: HARVARD BUSINESS SERVICES, INC.

Account Number : 128080000045 Phone

: (302)645-7400

Fax Number

: (302)645-1280

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

Email	Address:		
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FLORIDA PROFIT/NON PROFIT CORPORATION King of Persia Corporation

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

MAR 1 9 2021

T. SCOTT

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Corporate Filing Menu

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

The name of the corporat	tion shall be: King of Persia Corpo	ration	
ARTICLE II PRINC	Principal street address	М	ailing address, if different is:
1688 Meridian Av	e. Miami Beach, FL 33139		
ARTICLE III PURPO The purpose for which the	OSE he corporation is organized is: Real E	state	
			2021 PACE
			A A
ARTICLE IV SHARI The number of shares of	ES stock is: 100		AM 9:
	Yonel Devico, Chm. of the Board	Name and Title	
	1688 Meridian Ave.		
	Miami Beach, FL 33139		
Name and Title:		Name and Title:_	
Address		Address:	
Address		Address:	

	4.77.1		(((H21000109803 3)))
Name and Title:		Name and Title:	
Address		Address:	
	REGISTERED AGENT		
The name and Flo	orida street address (P.O. Box NOT accept	able) of the registered agent is:	
Name:	Registered Agents Inc.		
Address:	7901 4th Street N, Ste 300		
	St. Petersburg, FL 33702		
ARTICIEVII	NCORPORATOR		
the hame and ad-	dress of the Incorporator is:		
Name:	Yonel Devico		
Address:	1688 Meridian Ave. Miami Beach, I	FL 33139	
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if o	other than the date of filing:	. (OPTIONA	AL)
filing.)	ite is fisted, the date must be specific and	cannot be more than five day:	s prior or 90 days after the
Note: If the date in the document's eff	inserted in this block does not meet the app fective date on the Department of State's re	licable statutory filing requirement ecords.	ents, this date will not be listed as
Having been name certificate, I am fa	ed as registered agent to accept service of promition with and accept the appointment as t	ocess for the above stated corpon registered agent and agree to act	ation at the place designated in this In this capacity
	Kill Name	<u> </u>	March 17, 2021
	Required Signature/Registered Age	nt	Date
I submit this docu document to the D	ment and affirm that the facts stated here epartment of State constitutes a third degree	in are true. I am aware that the e felony as provided for in s.817	e false information submitted in a 155, F.S.
	Mary (V)		
Required Signatur	e/Incorporator	<u> </u>	Date 3/17/2021