

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3598

**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

Syaeret Group Inc.

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\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

	on shall be:		
	<i>PAL OFFICE</i> Principal <u>street</u> address		Mailing address, if different is.
		_	<u> </u>
ami Beach, FL 33140			
TICLE III PURPOSE purpose for which the	SE any lawful corporation is organized is:	activity.	
		<u> </u>	
ETICLE IV SHARE of shares of s	<u>S</u> 100 took is:		
e number of shares of s ETICLE V INITIAL Name and Title:	LOFFICERS AND/OR DIRECTORS Jonathan Boruch Handler, President		e·
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Name and Title:		Name and Title:
Addres	·	Address:
APTICLE VI	REGISTERED AGENT	
The name and I	Torida street address (P.O. Box NOT acceptable) of the	ne registered agent is:
Name:	Jonathan Boruch Handler	
Address	820 w 43rd Court	
7100.2	Miami Beach, FL 33140	
<u>ARTICLE VII</u>	<u>incorporator</u>	
The name and	address of the Incorporator is	
Name:	Taylor Lolya	
Address:	25 Robert Pitt Drive, Suite 204	
	Monsey, NY 10952	
ARTICLE VIII	EFFECTIVE DATE:	(OPTIONAL)
Effective date, (If an effective filing.)	if other than the date of filing:	be more than five days prior or 90 days after the
Note: If the dathe document's	ite inserted in this block does not meet the applicable s effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as
Having been n this certificate,	amed as registered agent to accept service of process J Lam familiar with and accept the appointment as regi	for the above stated corporation at the place designated in stered agent and agree to act in this capacity
	Made Jad	04/16/2021
	Required Signature/Registered Agent	Date
I submit this d	ocument and affirm that the facts stated herein are to be Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in a casprovided for in s.817.155, F.S.
	glass with the	04/16/2021
Rec	juired Signature/Incorporator	Date