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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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

Email Address:			
Elliali Audiess.			

FLORIDA PROFIT/NON PROFIT CORPORATION Nirvana Fashion Inc.

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

TICLE II PRIX	<u>'CIPAL OFFICE</u>		
TICLE II TRIN	Principal street address		s, if different is:
901 4th St N STE 300		7901 4th St N STE 300	
t. Petersburg. FL 33702		St. Petersburg, FL 33702	
<i>RTICLE III PURI</i> he purpose for which	POSE Any the corporation is organized is:	and all lawful business.	
p -			
	A. B. A. W. B. W. C.		
			
amiore at our	D 174		
RTICLE IV SHA	<u>KES</u> 100		
ha murchur of charac	Servet in		
he number of shares of	of stock is:	-	
	of stock is:		
RTICLE V INIT	of stock is:	<u>DRS</u>	
RTICLE V INIT	of stock is:		
Name and Ti	of stock is:	<u>DRS</u>	
RTICLE V INIT	IAL OFFICERS AND/OR DIRECTO tle: 7901 4th St N STE 300	Name and Title:	
Name and Ti	of stock is: IAL OFFICERS AND/OR DIRECTO tle: Puneet Tandon P.S.T	Name and Title:	
RTICLE V INIT	IAL OFFICERS AND/OR DIRECTO tle: 7901 4th St N STE 300	Name and Title:	,)
Name and Ti	IAL OFFICERS AND/OR DIRECTO tle: 7901 4th St N STE 300	Name and Title:	. 3
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Name ar	nd Title:	Name and Title:	
Address		Address:	
			
ARTICLE VI	REGISTERED AGENT		
The <u>name and F</u>	lorida street address (P.O. Box NOT accept	able) of the registered agent is:	
Name:	Registered Agents Inc.		
Address:	7901 4th St N STE 300		
	St. Petersburg, FL 33702		
ABTICLEVII	INCORDORATOR		
<u>AKTICLE VIL</u>	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		
Name:	Riley Park		
Address:	7901 4th St N STE 300		
	St. Petersburg, FL 33702		
	EFFECTIVE DATE:		
Effective date, if (If an effective of filing.)	fother than the date of filing:date is listed, the date must be specific and	cannot be more than five days	L) prior or 90 days after the
Note: If the date	e inserted in this block does not meet the appetition of State is re-		nts, this date will not be listed as
	med as registered agent to accept service of p am familiar with and accept the appointmen		
But	une-		4/8/2021
	Required Signature/Registered Age	nt	Date
	cument and affirm that the facts stated here Department of State constitutes a third degre		
_			4/8/2021
R: huy	ired Signature/Incorporator		Date:
Requ	area orginature meorporator		