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.

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	Doing :	so will generate another cover sheet.	A
To:			::
10.	Division of Co	rporations	·
		: (859)617-6381	•
		•	t
From:			-
	Account Name	: ALLSTATE CORPORATE SERVICES CORP	.38
	Account Number	: I20040000031	· ;
	Phone	: (800)906-9220	· ·
	Fax Number	: (800)906-9880	
		ss for this business entity to be used for ings. Enter only one email address please.	
Em:	ail Address:		

FLORIDA PROFIT/NON PROFIT CORPORATION PROFIT OPTIMIZATION PARTNERS INC.

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COVER LETTER

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

SUBJECT: PRO	OFIT OPTIMIZAT		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (I) copy of the art	icles of incorporation and	I a check for:
□ \$70.00 Filing Fee	■ \$78.75 Filing Fec & Certificate of Status	□ \$78.75 Filing Fcc & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
РКОМ:	even Weiss, ALLSTATE (Name Name 215 Hendrickson	(Printed or typed)	
		Address	
В	rooklyn, NY 1123		TALL LIN
	City,	State & Zip	
8	00 - 906-9220		37.41
	Daytime T	elephone number	
fil	ing@acs123.com	1	notification)
-	E-mail address: (to be used	for future annual report n	iotification)

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

(((H21000170207 3)))

ARTICLES OF INCORPORATION

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

TICLE II PRINCIPAL O Principa	OFFICE al street address	Mailing ad	Idress, if different is:	
East Broward Boulevard, Suita 240	0, Fort Lauderdale, Florida 33394	500 East Broward Boule	vård, Sulte 2400, Fort Lauderdale, Fic	_ жібе 333
TICLE III PURPOSE opurpose for which the corpo	pration is organized is: Any Law	ful Purposes		_
	11-			- -
				-
			202	_
TICLE IV SHARES enumber of shares of stock is:	200		APR 28	30 - ·
TICLE V INITIAL OFF	ICERS AND/OR DIRECTORS		AM 10: 4	
	ert Venero, President ast Broward Boulevard, Suite 2400	Name and Title:		_
Fort	Lauderdale, Florida 33394			_
-				_
				-
Address		Address:		-
				-
Name and Title:		Name and Title:		_
Address		A .1.1		

(((H21000170207 3)))

Name and Ti	tle:	Name and Title:	
Address		Address:	
	FISTERED AGENT la street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Registered Agent Solutions, Inc.		•
Address:	55 Office Plaza Dr. Suite A		202
_	allahassee, FL 32301		2021 APR 28
IRTICLE VII INC	<u>CORPORATOR</u>		28 A
he <u>name and addre</u>	ss of the Incorporator is:		AM 10: 47
Name:	STEVEN WEISS		
Address:	2215 Hendrickson Street, Suite 1		
	Brooklyn, NY 11234		
ARTICLE VIII EF Effective date, if othe If an effective date lling.)	FECTIVE DATE: or than the date of filing: is listed, the date must be specific and canno	(OPTIONAL) the more than five days prior	or 90 days after the
	erted in this block does not meet the applicable live date on the Department of State's records.	statutory filing requirements, th	ris date will not be listed as
	is registered agent to accept service of process fo liar with and accept the appointment as registere		
Steven A	ASSISTANT SECRE ، بنظار	ARY	4/28/2021
	Required Signature/Registered Agent		Datc
	ent and affirm that the facts stated herein are artment of State constitutes a third degree felony		
Steven W.			4/28/2021