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DATE: 7/13/2021

NAME: LOOPHOLE CONCEPTS INC.

TYPE OF FILING: ARTICLES

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: LOOPHOLE CONCEPTS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

121 Pine Lakes Pkwy N.

121 Pine Lakes Pkwy N.

Palm Coast, Florida 32137

Palm Coast, Florida 32137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting Sales/Marketing

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Fhely Anne Molina Sorensen- Director

Name and Title: _____

Address 121 Pine Lakes Pkwy N., # 303

Address: _____

Palm Coast, Florida 32137

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
 Address: 155 Office Plaza Drive, 1st Fl.
TALLAHASSEE, FL 32301

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Fhely Anne Molina Sorensen
 Address: 121 Pine Lakes Pkwy N., # 303
Palm Coast, Florida 32137

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Asst. secretary, Zeina Hassoun

Zeina Hassoun

Required Signature Registered Agent

07/12/2021

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature Incorporator

[Signature]

July 12, 2021

Date