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FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED ARTICLES FOR:

BABY EWOK, INC,.

PLEASE RETURN A CERTIFIED COPY

CHECK# 9032 FOR: \$78.75

THANK YOU!

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

O OPEICE			
AL OFFICE incipal <u>street</u> address	S	Mailing address, if different is:	
IVE, APT. 2904			
E LAW SERVI	CES		
		<u> </u>	
		0/C 3	
OFFICERS AND/OR DIRECTORS			
ALLISON ROTHMAN - President	Name and Title:	ALLISON ROTHMAN - Secretary	
ALLISON ROTHMAN - President 900 N. BAYSHORE DRIVE, APT, 2904	Name and Title:	ALLISON ROTHMAN - Secretary 1900 N. BAYSHORE DRIVE, APT. 29	
11 ISON ROTHMAN - Treasurer	Address:	MIAMI, FL 33132 ALLISON ROTHMAN - Director	
11 ISON POTHMAN. Transutor	Address:	MIAMI, FL 33132 ALLISON ROTHMAN - Director	
900 N. BAYSHORE DRIVE, APT. 2904 MAMI, FL 33132 LLISON ROTHMAN - Treasurer	Address: Name and Title:	1900 N. BAYSHORE DRIVE, APT. 29 MIAMI, FL 33132 ALLISON ROTHMAN - Director	
900 N. BAYSHORE DRIVE, APT. 2904 HAMI, FL 33132 LLISON ROTHMAN - Treasurer 900 N. BAYSHORE DRIVE, APT. 2904 HAMI, FL 33132	Address: Name and Title: Address:	MIAMI, FL 33132 ALLISON ROTHMAN - Director 1900 N. BAYSHORE DRIVE, APT. 29 MIAMI, FL 33132	
DOO N. BAYSHORE DRIVE, APT. 2904 MIAMI, FL 33132 LLISON ROTHMAN - Treasurer POO N. BAYSHORE DRIVE, APT. 2904 MIAMI, FL 33132	Address: Name and Title: Address:	MIAMI, FL 33132 ALLISON ROTHMAN - Director 1900 N. BAYSHORE DRIVE, APT. 29 MIAMI, FL 33132	
900 N. BAYSHORE DRIVE, APT. 2904 HAMI, FL 33132 LLISON ROTHMAN - Treasurer 900 N. BAYSHORE DRIVE, APT. 2904 HAMI, FL 33132	Address: Name and Title: Address:	MIAMI, FL 33132 ALLISON ROTHMAN - Director 1900 N. BAYSHORE DRIVE, APT. 29 MIAMI, FL 33132	
	VE, APT. 2904 LAW SERVI corporation is organized is: LAW SERVI	VE, APT. 2904 LAW SERVICES corporation is organized is: LAW SERVICES ck is:	

Name an	d Title:	Name and Title:	
Address	;	Address:	
			"
ARTICLE VI	REGISTERED <u>AGENT</u>		
	lorida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	ALLISON ROTHMAN	_	
Address:	1900 N. BAYSHORE DRIVE, APT. 2904		
	MIAMI, FL 33132		
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
l'he <u>name and a</u>	ddress of the Incorporator is:		
Name:	CELESTE RHINE	_	
Address:	P.O. BOX 92095		
	HENDERSON, NV 89009	_	
ARTICLE VIII	EFFECTIVE DATE:	OPTION	
Effective date, if (If an effective (other than the date of filing:date is listed, the date must be specific and cann	(OPTIONA not be more than five busi	AL) ness davs prior or 90 business
days after the fi			
	e inserted in this block does not meet the applicable flective date on the Department of State's records		nts, this date will not be listed as
	med as registered agent to accept service of proce am familiar with and accept the appointment as r		
	Allison Rollman		7/9/2021
×	Required Signature/Registered Agent		Date
I submit this do	cument and affirm that the facts stated herein ar	e true. I am aware that th	e false information submitted in
document to the	Department of State constitutes a third degree felo	my as provided for in s.817	.155, F.S.
(I leste Rhine		7/9/2021
Reau	ired Signature/Incorporator		Date