

Division of Corporations

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P21000077608

Florida Department of State

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 : I20080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3539

****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**FL- IL Solutions INC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$70.00 |

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: FL- IL Solutions INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

5415 Missouri Ave

5415 Missouri Ave

Jacksonville Florida 32254

Jacksonville Florida 32254

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real estate holdings

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eliran Simoni-President

Name and Title:

Address 5415 Missouri Ave

Address:

Jacksonville Florida 32254

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2021 AUG 30 AM 11:44
JACKSONVILLE, FL
V-CORP SERVICES, LLC

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

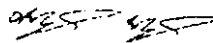
_____**ARTICLE VI REGISTERED AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: URBAN PROPERTIES MANAGEMENT GRAddress: 5415 Missouri AveJacksonville, FL 32254**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator isName: Eliran SimoniAddress: 19 Haviva Raich StKiriat Bialik, Israel**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*

Dror Zanani - Mamber



23/08/2021

Required Signature/Registered Agent_____
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

23/08/2021

Date2021 AUG 30 12:11:42
JACKSONVILLE, FL 32254