

Division of Corporations

P21000078338

Page 1 of 2

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 : HARVARD BUSINESS SERVICES, INC.
Account Number : 120080000045
Phone : (302) 645-7400
Fax Number : (302) 645-1280

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

Email Address: lilli@whatiflegal.com

FLORIDA PROFIT/NON PROFIT CORPORATION**WhatIf Inc.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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2021 SEP -1 PM 4:49

2021 SEP -1 PM 4:51

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: WhatIf Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address
805 North Olive Ave Apt 313West Palm Beach, FL 33401

Mailing address, if different is:

P.o.box 992Palm Beach, FL 33480**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Startup for accessible and equitable prenups**ARTICLE IV SHARES**The number of shares of stock is: 1,500**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Lillian Clarke Donahue, CEO

Name and Title: _____

Address P.o.box 992

Address: _____

Palm Beach, FL 33480Name and Title: Stephanie D'Angelo Chief Legal Officer

Name and Title: _____

Address P.o.box 992

Address: _____

Palm Beach, FL 33480

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Registered Agents Inc.

Address: 7901 4th Street N, Ste 300

St. Petersburg, FL 33702

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Lillian Clarke Donahue

Address: P.o.box 992


Palm Beach, FL 33480

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*

<u></u>	<u>08/26/2021</u>
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.

<u></u>	<u>09/01/2021</u>
Required Signature/Incorporator	Date

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