

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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (917) 243-5843

****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
FLOSON CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2021 SEP -9 AM 8:27
JULIAN J. BELL
TALLAHASSEE, FLORIDA

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 FLOSON CORP

ARTICLE II PRINCIPAL OFFICEPrincipal street address
1 Las Olas Circle, Unit 1411

Fort Lauderdale, Florida 33316

Mailing address, if different is:

4 West Red Oak Lane Suite 312

White Plains, NY 10604

ARTICLE III PURPOSE

The purpose for which the corporation is organized is, to engage in any lawful act or activity for

which corporations may be organized

ARTICLE IV SHARES

The number of shares of stock is, 2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title Joseph DeGuardia-PRES

Name and Title

Address 4 West Red Oak Lane Suite 312

Address

White Plains, NY 10604

Name and Title

Name and Title

Address

Address

Name and Title

Name and Title

Address

Address

2021-07-06 16:38:00 11/10001420

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. Joe DeGuardia

Address 1 Las Olas Circle, Unit 1411

Fort Lauderdale, Florida 33316

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is.

Name Joseph DeGuardia

Address. 4 West Red Oak Lane Suite 312

White Plains, NY 10604

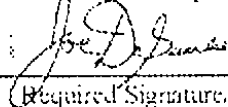
ARTICLE VIII EFFECTIVE DATE:

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 business days prior or 90 business 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: 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

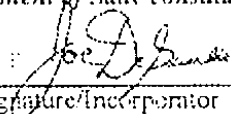


Required Signature/Registered Agent

9/8/2021

Date

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



Required Signature/Incorporator

9/8/2021

Date