

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

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

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93:1110, 1262

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TALLAHASSEE, FL

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FLORIDA PROFIT/NON PROFIT CORPORATION

Enzo Profit Corp.

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

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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: Enzo Profit Corp.**ARTICLE II PRINCIPAL OFFICE**Principal street address17555 Collins Avenue, Apt. 2202Sunny Isles Beach, FL 33160

Mailing address, if different is:

17555 Collins Avenue, Apt. 2202Sunny Isles Beach, FL 33160**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Holding and management of assets**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Vilia Somershaf, DirectorName and Title: Vilia Somershaf, PresidentAddress 17555 Collins Avenue, Apt. 2202Address: 17555 Collins Avenue, Apt. 2202Sunny Isles Beach, FL 33160Sunny Isles Beach, FL 33160

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: Vilia SomershafAddress: 17555 Collins Avenue, Apt. 2202Sunny Isles Beach, FL 33160**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Vilia SomershafAddress: 17555 Collins Avenue, Apt. 2202Sunny Isles Beach, FL 331602021 SEP 10 AM 5:44
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ARTICLE VIII EFFECTIVE DATE:

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

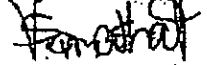
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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*

Required Signature/Registered Agent

09/09/2021

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

09/09/2021

Date

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