

P21000082698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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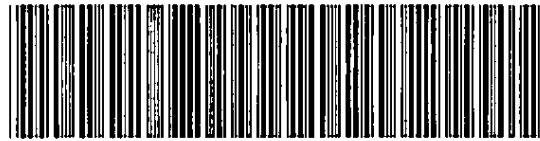
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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587

**COVER LETTER**

Department of State  
New Filing Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**SUBJECT:** EXPERIENCE NAPA CORP.

Enclosed are an original and (1) copy of the articles of incorporation and a check for:

- ☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUESTED**

**FROM:** Mitchell Weiner  
3365 Northwest 53<sup>rd</sup> Circle  
Boca Raton, Florida 33496  
(646) 221-3165  
mweiner@experiencenapa.com

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TALLAHASSEE, FL

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## ARTICLES OF CORPORATION

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

### ARTICLE I      NAME

The name of the corporation shall be: EXPERIENCE NAPA CORP.

### ARTICLE II      PRINCIPAL OFFICE

Principal Street Address

Mailing Address, if different is:

Mitchell Weiner  
3365 Northwest 53<sup>rd</sup> Circle  
Boca Raton, Florida 33496

### ARTICLE III      PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL BUSINESS

### ARTICLE IV      SHARES

The number of shares of stock is: 200

### ARTICLE V      INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mitchell Weiner, Dir.  
Address: 3365 Northwest 53<sup>rd</sup> Circle  
Boca Raton, Florida 33496

Name and Title:  
Address:

Name and Title:  
Address:

Name and Title:  
Address:

### ARTICLE VI      REGISTERED AGENT

The name and Florida street address

Name: Mitchell Weiner  
Address: 3365 Northwest 53<sup>rd</sup> Circle  
Boca Raton, Florida 33496

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mitchell Weiner  
Address: 3365 NW 53rd Ct  
Boca Raton, FL 33496

**ARTICLE VIII EFFECTIVE DATE**

Effective date is date of filing.

*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*

Signature

08/17/2021

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.*

Signature

08/17/2021

Date

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