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| | fax Number | : (850)617-6381 | ا بي |
| From: | | | <u> </u> |
| | Account Name | : BLUMBERG/EXCELSIOR CORPORATE SERVI | ICES, INC |
| | Account Numbe | r : 0753 500 00353 | 2. |
| | Phone | : (800)221-2972 | ₹. |
| | Fax Number | : (917)243-5843 | Ο |
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| | | ss for this business entity to be used | |
| ann | ual report mail | lings. Enter only one email address pl | ease.** [" |
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

| <u>TICGG II - I IUI</u> | NCIPAL OFFICE | | | |
|---|---|---|--|--|
| Principal street address | | Mailing address, if different is: | | |
| SW 13TH CT | | POMPANO BEACH, FL 33060 | | |
| МРАЙО ВЕАСН | | | | |
| TICLE III PUR purpose for which | | ATE | | |
| engage in any law | ful act or activity for which corporations ma | v bc organized | | |
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| TICLE IV SHAL number of shares o | RES 200 PV 200 of stock is: | | Common Co | |
| | | | , | |
| | | | ا2: 50 | |
| TICLE V INIT | AL OFFICERS AND/OR DIRECTORS | | * * | |
| TICLE V INIT | AL OFFICERS AND/OR DIRECTORS MICHAEL BAHARESTANI, President | | . 50 | |
| TICLE V INIT | AL OFFICERS AND/OR DIRECTORS MICHAEL BAHARESTANL President 12 BOND ST | Name and Title: | . 50 | |
| Name and Tit | MICHAEL BAHARESTANL President | Name and Title: | L 50 | |
| Name and Tit | AL OFFICERS AND/OR DIRECTORS MICHAEL BAHARESTANI, President 12 BOND ST GREAT NECK, NY 11021 | Name and Title: | L 5 | |
| Name and Tit Address | IAL OFFICERS AND/OR DIRECTORS MICHAEL BAHARESTANL President 12 BOND ST GREAT NECK, NY 11021 | Name and Title: Address: | C 55 | |
| Name and Tit Address Name and Title | IAL OFFICERS AND/OR DIRECTORS MICHAEL BAHARESTANI, President 12 BOND ST GREAT NECK, NY 11021 IREN SEDAGHATPOUR, Secretary 12 BOND STREET | Name and Title: Address: Name and Title: | C 55 | |
| Name and Tit Address | IAL OFFICERS AND/OR DIRECTORS MICHAEL BAHARESTANL President 12 BOND ST GREAT NECK, NY 11021 | Name and Title: Address: Name and Title: | C 55 | |
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| Name a | nd Title: | Name and Title: | |
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| Addres | s | Address: | |
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| ARTICLEVI | REGISTERED AGENT | | /A |
| The name and | Florida street address (P.O. Box NOT acceptable | c) of the registered agent is. | <i>₩</i> <u>#</u> 2 |
| Name: | MICHAEL BAHARESTANI, | | I SE |
| Address: | 835 SW 13TH CT | | 2021 SEP 23 PH 12: |
| | POMPANO BEACH, FL 33060 | | 3 PH 12: |
| | | ··· | Z Z |
| ARTICLE VII | INCORPORATOR | |); 5 0 |
| The name and a | nddress of the Incorporator is: | | |
| Name: | MICHAEL BAHARESTANI, | | |
| Address: | 12 BOND ST | | |
| Addiess; | GREAT NECK, NY 11021 | · ·· | |
| <u>ARTICLE VIII</u> | EFFECTIVE DATE: | <u> </u> | |
| Effective date, i (If an effective days after the f | f other than the date of filing. C/2/2/date is listed, the date must be specific and ca filing.) | nnot be more than five business | days prior or 90 business |
| | te inserted in this block does not meet the applica effective date on the Department of State's recor | | this date will not be listed as |
| this certificate, | imed as registered agent to accept service of pro I am familiar with and accept the appointment a | cregistered agent and agree to act | |
| X | Ch. Selelliton | | 9/2// |
| | L. Lul'Myw Required Signature/Registered Agent | | 9/21/21 Date |
| | ocument and affirm that the facts stated herein Department of State constitutes a third degree f | | |
| | 11/1 | • | , . |
| XRequ | airce Signature Incorporator | | 9/21/21 Date |
| • | | | |
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September 23, 2021

FLORIDA DEPARTMENT OF STATE

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: 13TH CT. CORP

REF: W21000128024

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