

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Considerations to Filing Officer				
Special Instructions to Filing Officer:				

Office Use Only



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10/08/21--01034--003 \*\*128.75

2021 Chi - 3 Pili 2: 31

## **COVER LETTER**

Division of Corp	oorations			
P.O. Box 6327				
Tallahassee, FL	32314			
SUBJECT:	Domestia	cation	<del></del>	
Enclosed is an	original and one (1)	copy of the Article	es of Domestication and a check:	
FEES:				
	cate of Domestica s of Incorporation a		\$ 50.00 \$ 78.75	
Total fi	ling fee		\$128.75	
OPTIONAL:				
Certific	cate of Status		\$ 8.75	
From	Abaron	M. 6015	iceund	
		Name (printed	or typed)	
	Boca L	Addres Addres	33428	
City, State & Zip				
347-878-3848				
	Daytime Telephone Number			
	dalon	@ ifra	ctical. com	
	E-mail address: (	to be used for futu	re annual report notification)	

INHS53 (3/20)

Department of State

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME	
THE NAME OF THE CORPORATION SHALL BE:	
illactical Compoting Inc-	<del></del>
ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:	
Principal Address  9832 Good Vecde Wo7  Same	ddress
Apt 206	<u> </u>
Boca Roton, FC 33428	
The purpose for which the corporation is organized:  To provide Totology Consultin	seculces.
ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS:	<u> </u>
ARTICLE VI REGISTERED AGENT AND STREET	ADDRESS
THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTAB	LE) OF THE REGISTERED AGENT IS:
Alharon Mataci Gutfreund	
9832 Grand Verde 427, Apt 206	
Ooca Raton, FL 33428	
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND CAPACITY.	CERTIFICATE, I AM FAMILIAR
My mayor	See 3, 2021
Signafure/Registered Agent	Date