# P21000104799

(Re	questor's Name)	
——————(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del></del>
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Centified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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12/20/21--01003--018 \*\*78.75

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2021 DEC 20 AH II: 36



## CORPORATE ACCESS, \_\_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

### **WALK IN**

	PICK	UP: 12/20/2021	
XX	CERTIFIED COPY		
	РНОТОСОРУ		
	CUS		
xx	FILING	ARTICLES	
1.	THE CULT GROUP ONLINE		
2.	(CORPORATE NAME AND DOCUM	ENT#)	
3.	(CORPORATE NAME AND DOCUM	ENT #)	
4.	(CORPORATE NAME AND DOCUM	ENT #)	7 PA 12 09 12: 09
5.	(CORPORATE NAME AND DOCUM	ENT #)	· · · · · · · · · · · · · · · · · · ·
6.	(CORPORATE NAME AND DOCUM	ENT #)	
SPECIA INSTRU	AL UCTIONS:	**	

#### **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	The Cult Grou	p Online, Inc.		
	(PROPOSED CORPOR	ATE NAME - MUST INCL	UDE SUFFIX)	_
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	LJ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Carolyn Specht,			
	50 Montros	e (Printed or typed) se Road		
<del></del>	7	Address		
	Yonkers.	NY 10710	· ·	FFC 2-0
<del>-</del>	City,	State & Zip	<del></del>	P) -
<del></del>	914-9	961-1649		<u>.</u> 11
		elephone number		
	chesra@gn		,	<u>م</u>
	E-mail address: (to be used	for future annual report no	otification)	

NOTE: Please provide the original and one copy of the articles.

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

<u> ICLE II PRINCI</u>	PAL OFFICE		
P	rincipal street address	٨	Mailing address, if different is:
824-A Lake Ave	, Ste. 355	<u> </u>	<del></del>
Lake Worth, f			50 Montrose Road
		<del></del>	Yonkers, NY 10710
TICI.E III PURPOS purpose for which the	EE corporation is organized is: Any	and all lawful bi	usiness
		<del></del>	
CLE IV SHARES	ckie 100		
CLEIV SHARES umber of shares of sto	ck is: 100 common share	s.with \$1.00 par	r value per share
umber of shares of sto	ck is: 100 common share	s.with \$1.00 par	r value per share
umber of shares of sto	ck is: 100 common share		
umber of shares of sto	ok is: 100 common share  OFFICERS AND/OR DIRECTORS  Kareem Burke, president		Carlos Phillips, director
umber of shares of sto	OFFICERS AND/OR DIRECTORS  Kareem Burke, president 824-A Lake Ave., Ste. 355		
umber of shares of sto  CLE V INITIAL of  Name and Title:	OFFICERS AND/OR DIRECTORS  Kareem Burke, president 824-A Lake Ave., Ste. 355	Name and Title:_	Carlos Phillips, director
umber of shares of sto  CLE V INITIAL of  Name and Title:	ok is: 100 common_share  OFFICERS AND/OR DIRECTORS  Kareem Burke, president  824-A Lake Ave., Ste. 355	Name and Title:_	Carlos Phillips, director 824-A Lake Ave., Ste.
umber of shares of sto  CLE V INITIAL of  Name and Title:  Address	Ck is: 100 common_share  OFFICERS AND/OR DIRECTORS  Kareem Burke, president  824-A Lake Ave., Ste. 355  Lake Worth, FL 33460	Name and Title: Address:	Carlos Phillips, director 824-A Lake Ave., Ste. Lake Worth, FL 33460
umber of shares of sto  CLE V INITIAL of  Name and Title:	Ck is: 100 common_share  OFFICERS AND/OR DIRECTORS  Kareem Burke, president  824-A Lake Ave., Ste. 355  Lake Worth, FL 33460	Name and Title: Address:	Carlos Phillips, director 824-A Lake Ave., Ste. Lake Worth, FL 33460
umber of shares of sto  CLE V INITIAL of  Name and Title:  Address	Ck is: 100 common_share  OFFICERS AND/OR DIRECTORS  Kareem Burke, president 824-A Lake Ave., Ste. 355  Lake Worth, FL 33460  Rene Louison, vice president 100 West 94th Street	Name and Title: Address: Name and Title:	Carlos Phillips, director 824-A Lake Ave., Ste. Lake Worth, FL 33460
CLE V INITIAL of Name and Title:  Address  Name and Title:	Ck is: 100 common_share  OFFICERS AND/OR DIRECTORS  Kareem Burke, president 824-A Lake Ave., Ste. 355  Lake Worth, FL 33460  Rene Louison, vice president 100 West 94th Street	Name and Title: Address:	Carlos Phillips, director 824-A Lake Ave., Ste. Lake Worth, FL 33460
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CLE V INITIAL of Name and Title:  Address  Name and Title:	Ck is: 100 common_share  OFFICERS AND/OR DIRECTORS  Kareem Burke, president 824-A Lake Ave., Ste. 355  Lake Worth, FL 33460  Rene Louison, vice president 100 West 94th Street  New York, NY 10025	Name and Title: Address:  Name and Title: Address:	Carlos Phillips, director 824-A Lake Ave., Ste. Lake Worth, FL 33460
CLE V INITIAL of Name and Title:  Address  Name and Title:  Address  Address	Carolyn Specht, secretary	Name and Title: Address:  Name and Title: Address:  Name and Title:	Carlos Phillips, director 824-A Lake Ave., Ste. Lake Worth, FL 33460
Name and Title:  Address  Name and Title:  Name and Title:  Name and Title:	Carolyn Specht, secretary	Name and Title: Address:  Name and Title: Address:	Carlos Phillips, director 824-A Lake Ave., Ste. Lake Worth, FL 33460

Name and	l Title:	Name and Title:
Address		Address
		<del>-</del>
ARTICLEVE	REGISTERED AGENT	
The name and Flo	orida street address (P.O. Box NOT acceptable	e) of the registered agent is:
Name:	NRAI Services, Inc.	,
Address:	1200 South Pine Island Road	
	Plantation, FL 33324	<del></del>
ADTICLE VIII	N.CORPOR (TOP	~ <del>~</del>
	NCORPORATOR	
The <u>name and ado</u>	iress of the Incorporator is:	
Name:	Carolyn Specht, CPA	
Address:	50 Montrose Road	
	Yonkers, NY 10710	91 S 10
ARTICLE VIII I	EFFECTIVE DATE: ther than the date of filing:	(OPTIONAL)
(If an effective da filing.)	te is listed, the date must be specific and car	unot be more than five days prior or 90 days after th
the document's eff	ective date on the Department of State's recor	ble statutory filing requirements, this cate will not be list.
Having been name	d as registered agent to accept service of proces	s for the above stated corporation at the place designates
certificate, I am far	niliar with and accept the appointment as regis	tered agent und agree to act in this capacity
<u> </u>	Required Signature/Registered Agent	1.2120.121 Date
document to the De	ment and affirm that the facts stated herein a partment of State constitutes a third degree fel	re true. I am aware that the false information submitt ony as provided for in s.817.155 F.S.
CHO	بر ما المارية المارية المارية المارية الماري	. 1
Required Signature	(LE CUI)	10/00/0