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(((H22000060681 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

\*\*Enter the email address for this business entity to be used for future Parties Enter only one email address please.\*\*

Email Address:\_\_\_\_ANA@WHITEGOLDFINANCIAL.COM

## FLORIDA PROFIT/NON PROFIT CORPORATION SSFI HOLDING INC.

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## H22000060681

## ARTICLES OF INCORPORATION

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

ARTICLE 1 1 The name of the c	VAME orporation shall be:	SSFI HOLDING INC.	
<i>ARTICLE II</i> 321 188TH ST	PRINCIPAL OFFICE Principal street address FL 33160	Mailing address, if different i 4045 SHERIDAN AVE SUITE 211 MIAMI BEACH, FL 33140	is:
ARTICLE III 1 The purpose for v	PURPOSE which the corporation is organized is: ANY L	EGAL OR LAWFUL PURPOSE	
ARTICLE IV	SHARES ares of stock is: 1,500 AT NO PAR VALUE	-7	22
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	CRE IA LAHAS	₹ [''
Name an			
Name an Address		Name and Title:Address;	
	<del></del>		<del></del>

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Name an	d Title:	Name and Title:
Address		Address:
	REGISTERED AGENT	
The <u>name and Fl</u> Name:	orida street address (P.O. Box NOT acceptable) of JACOB ABECASSIS	of the registered agent is:
Address:	4045 SHERIDAN AVE SUITE 211	_
	MIAMI BEACH, FL 33140	_
ARTICLE VII	<u>INCORPORATOR</u>	
The name and ac	Idress of the Incorporator is:	
Name:	JACOB ABECASSIS	
Address:	4045 SHERIDAN AVE SUITE 211	_
	MIAMI BEACH, FL 33140	<del>_</del>
Effective date, if	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and can	(OPTIONAL) not be more than five days prior or 90 days after the
filing.)  Note: If the date		le statutory filing requirements, this date with not be traced as
Having been nan certificate, I am J	ned as registered agent to accept service of process familiar with and accept the appointment as regist	for the above stated corporation at the place designated in this reed agent and agree to act in this capacity
	The state of the s	FEBRUARY 3, 2022
Required Signatur	re/Registered Agent	Date O
	nument and affirm that the facts stated herein ar Department of State constitutes a third degree felo	e true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
		FEBRUARY 3, 2022
Required Signatu	ure/Incorporator	Date