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(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone #	f)		
PICK-UP	WAIT	MAIL		
(Bu	usiness Entity Name	·)		
(Dc	ocument Number)			
Certified Copies	_ Certificates o	f Status		
Special Instructions to Filing Officer:				

Office Use Only



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2022 FEB 25 PM 5: 07

CONTRACT PM 2:5

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

			V	VALK	IN			
		PICE	CUP:	2/25	DANNY			
	XX	CERTIFIED COPY PHOTOCOPY CUS					 	 -
	XX	FILING	INC				-	 -
1.	,	SNEAKERXCHANGE, I		-			 	
2.		(CORPORATE NAME AND DOCUME	MENT #)				 	
3.	-	(CORPORATE NAME AND DOCUM	MENT #)					
4.	-	(CORPORATE NAME AND DOCUM	MENT #)	<u> </u>			 	
5.	-	(CORPORATE NAME AND DOCUM	MENT #)				 	
6.	'	(CORPORATE NAME AND DOCUM	MENT #)			.,		
	CIAI TRU	CTIONS:					 	

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

AKTICLET NAME The name of the corners	SNEAKERXCHANGE, INC				
The name of the corpora	tion shall be:			•	
ARTICLE II PRINC			5.4-21		16 318C 1
5425 Celebration Point	Principal <u>street</u> address e Lane Ste 210	c/c	Maili Christoph	ing addre er G. Kai	ess, if different is: ragiannis
Margate, FL 33063					te Lane Ste 210
	<u></u>	M	argate, FL 3	33063	
					
ARTICLE III PURPO The purpose for which t	OSE to engage is to engage is:	in any lawful	act or activ	ity for	
which corporations may	y be organized.	_			
					
				3	000
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					F. 7 8 ==
ARTICLE IV SHAR					EB 25
The number of shares of	stock is:				35
					PH 2:54
ARTICLE V INITIA	AL OFFICERS AND/OR DIRECTORS				707 0
Name and Title	Andrew BenedettoDirector	Name an	d Title:		<u> </u>
Address	5425 Celebration Pointe Lane Ste 210	Address:			
71001033	Margate, FL 33063		·		
					
		·			
Name and Title	:	Name an	d Title:		
Address		Address:			
		_			
					
Name and Title:	:	Name an	d Title:		
Address		Address			
		/\dui(\$35.			
				_	

Name a	nd Title:	Name and Title:	
Addres	s	Address:	
		-	
	REGISTERED AGENT Clorida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Andrew Benedetto		
Address:	5425 Celebration Pointe Lane Ste 210	_	
	Margate, FL 33063	_	
ARTICLE VII	<u>INCORPORATOR</u>		
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	Andrew Benedetto		
Address:	5425 Celebration Pointe Lane Ste 210	_	
	Margaie, FL 33063	_	
Effective date, if	_EFFECTIVE DATE: Tother than the date of filing: date is listed, the date must be specific and cann iling.)	. (OPTIONAL) ot be more than five busine) ss days prior or 90 business
Note: If the date the document's e	e inserted in this block does not meet the applicable ffective date on the Department of State's records.	e statutory filing requirements	s, this date will not be listed as
Having been nat this certificate, I	med as registered agent to accept service of proces am familiar with and accept the appointment as re	is for the above stated corpor gistered agent and agree to a	ution at the place designated in ct in this capacity
(2 Rouldte		2/27/22
	Required Signature/Registered Agent		Date
I submit this doc	cument and affirm that the facts stated herein are	true. I am aware that the fo	alse information submitted in a
	Department of State constitutes a third degree felo	ny us proviaea for in s.817,15	2, 21-22
Requi	ired Signature/Incorporator		Date