# P220000 30373

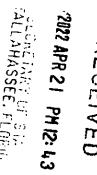
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(Rec	(destors Name)	
(Add	iress)	
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(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	e)
(Day	cument Number)	
(000)	sument Number)	
Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	
1		

Office Use Only



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## **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

### SMAT IZ INI

		V	ALKIN		
	PIC	K UP:	4/21 DANNY		
	CERTIFIED COPY				
XX	РНОТОСОРУ				
	CUS				
XX	FILING	INC			
1.	RESPEARTH HOLDIN				
2.	(CORPORATE NAME AND DOCE	DVIENT#}			
<b>-</b> •	(CORPORATE NAME AND DOCU	JMENT #)			
3.	(CORPORATE NAME AND DOCU	JMENT #)	<del></del>	<del></del>	
4.					
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6.					
SPECIA	(CORPORATE NAME AND DOCU L JCTIONS:	MENT#)			
MOINU					<u>.</u>

#### **COVER LETTER**

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

SUBJECT: R	ESPEARTH HOLDINGS, INC		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an o	riginal and one (1) copy of the art	icles of incorporation and	d a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM: _		(Printed or typed)	
_		Address	
_	FORT LAUDERDALE, FL 33		
	City.	State & Zip	<del></del>
	954-375-1138		
_		elephone number	
_	RMANELLA@HINSHAWLA		
	E-mail address: (to be used	for future annual report r	notification)

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)

	CIPAL OFFICE		
	Principal street address		Mailing address, if different is:
8100 N. Bay Roa	nd PH 3————	<del>18100</del> -	N. Bay Road, PH3-
Sunny Isles Bea	ch, FL 33160	Sunny I	Isles Beach, FL 33160
ARTICLE III PURP The purpose for which	ose the corporation is organized is: Any and	d all lawful t	pusiness
		-	
			<del>-</del>
RTICLE IV SHAR he number of shares of	SES 10,000  f stock is:  AL OFFICERS AND/OR DIRECTORS		
			Maxino Rapoit/Director//D
Name and Titl	Pierre Benoit/Director/Presiden	Name and Title	
Name and Titl Address	Pierre Benoit/Director/Presiden	t Name and Title Address:	
	Pierre Benoit/Director/Presiden 18100 N. Bay Road, Unit PH3	Name and Title	18100 N. Bay Road, Unit PH
	Pierre Benoit/Director/Presiden  18100 N. Bay Road, Unit PH3  Sunny Isles Beach, FL 33160  Denis Benoit/Director/Secretary	_ Name and Title _ Address: -	18100 N. Bay Road, Unit PH Sunny Isles Beach, FL 3316
Address	Pierre Benoit/Director/Presiden  18100 N. Bay Road, Unit PH3  Sunny Isles Beach, FL 33160  Denis Benoit/Director/Secretary	_ Name and Title _ Address: -	18100 N. Bay Road, Unit PH Sunny Isles Beach, FL 3316
Address  Name and Title	Pierre Benoit/Director/Presiden 18100 N. Bay Road, Unit PH3 Sunny Isles Beach, FL 33160  Denis Benoit/Director/Secretary	Name and Title Address:  Name and Title	18100 N. Bay Road, Unit PH Sunny Isles Beach, FL 3316
Address  Name and Title  Address	Pierre Benoit/Director/Presiden 18100 N. Bay Road, Unit PH3 Sunny Isles Beach, FL 33160  Denis Benoit/Director/Secretary 18100 N. Bay Road, Unit PH3 Sunny Isles Beach, FL 33160	Name and Title Address:  Name and Title Name and Title Address:	18100 N. Bay Road, Unit PH Sunny Isles Beach, FL 3316
Address  Name and Title  Address	Pierre Benoit/Director/Presiden 18100 N. Bay Road, Unit PH3 Sunny Isles Beach, FL 33160  Denis Benoit/Director/Secretary 18100 N. Bay Road, Unit PH3	Name and Title Address:  Name and Title Name and Title Address:	18100 N. Bay Road, Unit PH: Sunny Isles Beach, FL 3316
Address  Name and Title  Address	Pierre Benoit/Director/Presiden 18100 N. Bay Road, Unit PH3 Sunny Isles Beach, FL 33160  Denis Benoit/Director/Secretary 18100 N. Bay Road, Unit PH3 Sunny Isles Beach, FL 33160	Name and Title Address:  Name and Title Name and Title Address:  Name and Title Address:	18100 N. Bay Road, Unit PH: Sunny Isles Beach, FL 3316

. Name	and Title:	Name and Title:
Addre	ess	Address:
		<u> </u>
	REGISTERED AGENT	
The <u>name and</u>	Florida street address (P.O. Box NOT acco	eptable) of the registered agent is:
Name:	Ross H. Manella, Esq.	
One East Broward Blvd., Suite 1010		e 1010
	Fort Lauderdale, FL 33301	
ARTICI E VII	INCORDOR (TOB	
ARTICLEYII	<u>INCORPORATOR</u>	
The name and	address of the Incorporator is:	
Name:	Ross H. Manella, Esq.	
Address:	One East Broward Blvd., S	Guite 1010
	Fort Lauderdale, FL 33301	
ARTICLE VIII	<u> EFFECTIVE D</u> ATE:	
Effective date,	if other than the date of filing:	(OPTIONAL)
(If an effective filing.)	date is listed, the date must be specific a	nd cannot be more than five days prior or 90 days after the
Note: If the da the document's	te inserted in this block does not meet the a effective date on the Department of State's	applicable statutory filing requirements, this date will not be listed streets.
Having been no certificate, I am	nmed as registered agent to accept service of familiar with and accept the appointment of	process for the above stated corporation at the place designated in registered agent and agree to act in this capacity
	Ross H. Manella	4/20/22
	Required Signature/Registered A	
I submit this do	ocument and affirm that the facts stated he Department of State constitutes a third deg	erein are true. I am aware that the false information submitted gree felony as provided for in s.817.155, F.S.
	Manslla Attorney-in-Fact	4/20/22
Required Signa	ture/Incorporator	Date