

P22000036539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

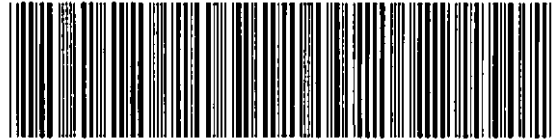
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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05/11/22--01011--006 \*\*70.00

FILED

2022 MAY 11 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2022 MAY 11 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FL

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2022 MAY 16 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FL

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

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:** 5/11 DANNY

**CERTIFIED COPY**

**XX PHOTOCOPY**

**CUS**

**XX FILING**

**INC**

**1. GOTCHA COVERED BLINDS BH INC**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

## COVER LETTER

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

SUBJECT: Gotcha Covered Blinds B H Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Mirit Zeller  
Name (Printed or typed)

1000 South State rd 7  
Address

Plantation FL 33317  
City, State & Zip

(954) 362-7720  
Daytime Telephone number

YAVAAHAM212@gmail.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 13, 2022

CORPORATE ACCESS

SUBJECT: GOTCHA COVERED BLINDS BH INC  
Ref. Number: W22000061276

*Corrected*

We have received your document for GOTCHA COVERED BLINDS BH INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

No title for James William Haynes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 522A00010972

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RECEIVED  
2022 MAY 16 PM 1:03  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be: Gotcha Covered Blinds BH Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1100 South Miami Ave Apt 3404  
Miami FL 33130

1100 South Miami Ave Apt 3404  
Miami FL 33130

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful Business

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TALLAHASSEE, FL

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**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Ariel Marcus, President Name and Title: Yaniv Avraham, President

Address: 20140 West Dixie Hwy Address: 1100 South Miami Ave  
Apt 24205 Apt 3404  
Miami FL 33180 Miami FL 33130

Name and Title: James William Haynes, President Name and Title: \_\_\_\_\_  
Address: 2170 Wilton Dr. Address: \_\_\_\_\_  
Apt 212  
Wilton Minor, FL 33305

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Yaniv Avraham  
Address: 1100 South Miami Ave Apt 3404  
Miami, FL 33130

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Yaniv Avraham  
Address: 1100 South Miami Ave Apt 3404  
Miami, FL 33130

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TALLAHASSEE, FL

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:*

\_\_\_\_\_  
Required Signature/Registered Agent  
Date 5/4/22

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

\_\_\_\_\_  
Required Signature/Incorporator  
Date 5/4/22