

P22000038398

Florida Department of State
Division of Corporations
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CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION

Oshunia Corp

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: OSHUNIA CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

6644 SWEET MAPLE LANE6644 SWEET MAPLE LANEBOCA RATON, FLORIDA 33433BOCA RATON, FLORIDA 33433**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: GENERAL GOODS WHOLESALE**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ELI STUART, DIRECTOR

Name and Title: _____

Address 6644 SWEET MAPLE LANE

Address: _____

BOCA RATON, FL 33433

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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OSHUNIA CORP FL

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: ELI STUART, DIRECTOR
 Address: 6644 SWEET MAPLE LANE
BOCA RATON, FL 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: STEPHAN MONEREAU
 Address: 100 WALL STREET STE 503
NEW YORK, NEW YORK 10005

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

Eli Stuart

Required Signature/Registered Agent

05/17/2022

Date

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.

[Signature]

Required Signature/Incorporator

05/17/2022

Date

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 HALL COUNTY, FL