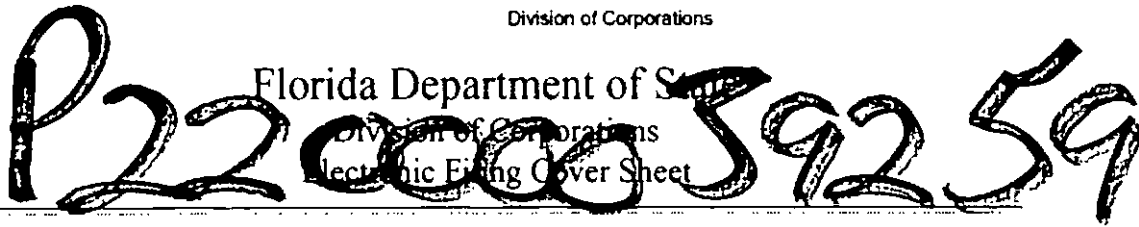


Division of Corporations



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000180099 3)))



H220001800993ABC+

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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 annual report mailings. Enter only one email address please.\*\***

Email Address: NICK@VLACHOSCPA.COM

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REGISTRATION  
ADMINISTRATIVE  
SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION  
MAISON VIOLAINE INC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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D. O'KEEFE

MAY 23 2022

H22000180099

**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: MAISON VIOLAINE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2900 NE 7 AVE UNIT 407  
MIAMI, FL 33137

Mailing address, if different is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any Legal or Lawful Purpose

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 1,500 at No Par Value

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

Name and Title: LEYNA ZNIBER - President/Director

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

Address 2900 NE 7 AVE UNIT 407  
MIAMI, FL 33137

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

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

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

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

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
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TALLAHASSEE, FLORIDA

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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: LEYNA ZNIBER  
Address: 2900 NE 7 AVE UNIT 407  
MIAMI, FL 33137

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: LEYNA ZNIBER  
Address: 2900 NE 7 AVE UNIT 407  
MIAMI, FL 33137

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TALLAHASSEE, FLORIDA

**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 LEYNA ZNIBER  
May 16, 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.*

  
Required Signature/Incorporator LEYNA ZNIBER  
May 16, 2022  
Date

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