

7/20/22, 2:46 PM

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Ofer Mizrahi Diamonds of Florida, Inc.

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

2022 JUL 20 PM 3:32

REGISTRATION
OFFICIAL
STAMP

2023 JUL 20 AM 1:31

Electronic Filing Menu

Corporate Filing Menu

Help

JS

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

ARTICLE I NAME OFER MIZRAHI DIAMONDS OF FLORIDA, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
29 East Madison Street, Suite 1116
Chicago, Illinois 60602

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The transaction of any or all lawful businesses for which
corporations may be incorporated under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 1,500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ido Kanfi, President

Address: 29 E. Madison Street, Suite 1116
Chicago, Illinois 60602

Name and Title: Roi Arie, Secretary

Address: 29 E. Madison Street, Suite 1116
Chicago, Illinois 60602

Name and Title: Casey Rogowski, Asst. Secretary

Address: 29 E. Madison Street, Suite 1116
Chicago, Illinois 60602

Name and Title: Ido Kanfi, Treasurer

Address: 29 E. Madison Street, Suite 1116
Chicago, Illinois 60602

Name and Title: _____

Address: _____

Name and Title: _____

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: C T Corporation System
 Address: 1200 South Pine Island Road Plantation.
 FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph A. Ginsburg
 Address: c/o Levin Ginsburg, 180 N. LaSalle #3200
 Chicago, IL 60601

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.

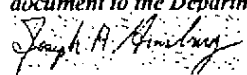
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By: C T Corporation System
 Kaity Toon, Asst. Secy. 
 Required Signature/Registered Agent

7/20/2022

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

7-20-2022

Date

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