

P2260006 2187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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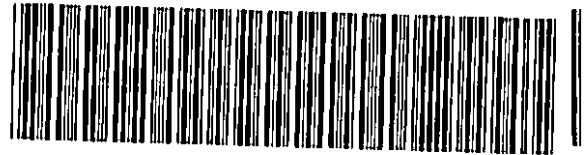
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 AUG - 8 PM 3:54

WILMINGTON, DE

**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

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INC

1. INGLARY 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:**

22 AUG - 11:41

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: Inglary Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

20803 Biscayne Blvd., STE 300

Aventura, FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any activity within the purposes for which a corporation may be
formed under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lawrence Pross, President/Director

Name and Title: Inga Pross, Secretary/Director

Address 20803 Biscayne Blvd., STE 300

Address: 20803 Biscayne Blvd., STE 300

Aventura, FL 33180

Aventura, FL 33180

Name and Title: Sophie Pross, Treasurer/Director

Name and Title: _____

Address 20803 Biscayne Blvd., STE 300

Address: _____

Aventura, FL 33180

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

22 AUG - 2014 4:46

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: Registered Agent Solutions, Inc.
Address: 155 Office Plaza Dr., Suite A
Tallahassee, Florida 32301

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Lawrence Pross
Address: 20803 Biscayne Blvd., STE 300
Aventura, FL 33180

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

Mackenzie Hart Mackenzie Hart, Asst. Secretary
Required Signature/Registered Agent

08/08/2022

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.

Lawrence Pross
Required Signature/Incorporator

08/08/2022

Date

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