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**CORPORATE
ACCESS,
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303
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WALK IN

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CERTIFIED COPY _____

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INC _____

1. MALICK ENTERPRISES 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 #)

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STATE OF FLORIDA
TALLAHASSEE
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**SPECIAL
INSTRUCTIONS:**

COVER LETTER

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

SUBJECT: Malick Enterprise 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Lauren Baruch
Name (Printed or typed)

5499 N. Federal Hwy
Address

Boca Raton, FL 33487
City, State & Zip

718-902-4086
Daytime Telephone number

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

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DIVISION OF CORPORATIONS
22 AUG 15 PM 11:38

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

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: Malick Enterprise Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1499 N.W. 15th Ave
Apt # 6
Boca Raton, FL 33486

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Marketing

ARTICLE IV SHARES

The number of shares of stock is: 100

22 AUG 15 PM 11:38
STATE OF FLORIDA
SECRETARY OF STATE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Malick - Pres. Name and Title: _____
Address: 1499 N.W. 15th Ave Address: _____
Boca Raton FL 33486

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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: James Malick
 Address: 1499 N.W. 15th Ave
Boca Raton, FL 33486

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 DEPARTMENT OF STATE
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ARTICLE VII INCORPORATOR

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

Name: James Malick
 Address: 1499 N.W. 15th Ave
Boca Raton, FL 33486

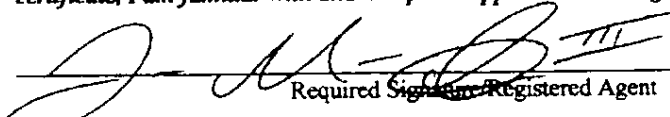
ARTICLE VIII EFFECTIVE DATE:

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.)

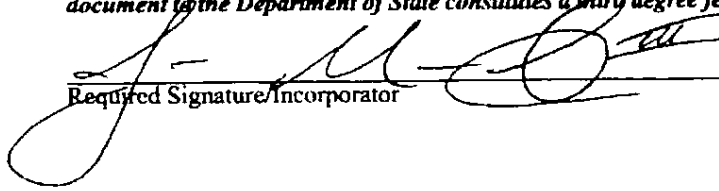
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

8/12/2022
 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

8/12/2022
 Date