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(Requestor's Name)

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(Business Entity Name)

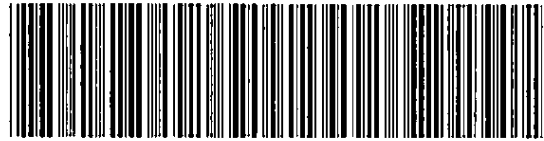
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DIVISION OF CORPORATIONS
22 AUG 31 PM 3:38

RECEIVED
2022 AUG 31 PM 3:25
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: MDB MOZART ORIN, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: LEVENFELD PEARLSTEIN, LLC

Name (Printed or typed)

2 N. LASALLE ST., STE. 1300

Address

CHICAGO, ILLINOIS 60602

City, State & Zip

312.346.8380

Daytime Telephone number

lpagents@lplegal.com

E-mail address: (to be used for future annual report notification)

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

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 917332 7175508

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 78.75

ORDER DATE : August 31, 2022

ORDER TIME : 1:49 PM

ORDER NO. : 917332-005

CUSTOMER NO: 7175508

DOMESTIC FILING

NAME: MDB MOZART ORIN, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
_____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____

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: MDB MOZART ORIN, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

450 Skokie Blvd., Suite 604

Northbrook, IL 60062

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for the purpose of engaging in any lawful act or activity for which
corporations may be organized under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 10,000 with \$.01 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: STEVEN L. KRIZ
Address: 2 N. LASALLE ST., STE. 1300
CHICAGO, ILLINOIS 60602

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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

Alexis Weibull, assistant va president
Required Signature/Registered Agent

08/31/2022

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.