

10/18/22, 2:28 PM

**P22000079640**Division of Corporations  
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To:

Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**ELYPO CORPORATION**

Certificate of Status	0
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**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: ELYPO CORPORATION**ARTICLE II PRINCIPAL OFFICE**Principal street address3695 NW 46TH STMIAMI, FL 33142

Mailing address, if different is:

3695 NW 46TH STMIAMI, FL 33142**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: CAFETERIA**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ELIZABETH SHERWOOD

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

Address 730 SW 64TH WAY

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

PEMBROKE PINES, FL 33023PRESIDENT

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: ELIZABETH SHERWOOD  
Address: 730 SW 64TH WAY  
PEMBROKE PINES, FL 33023

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ELIZABETH SHERWOOD  
Address: 730 SW 64TH WAY  
PEMBROKE PINES, FL 33023


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: OCTOBER 14, 2022 (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.)

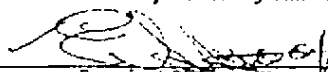
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

10/14/2022  
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

10/14/2022  
Date