## Paa00011075

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	(Requestor's Name)
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PICK-UP	WAIT MAIL
<del></del>	(Business Entity Name)
	(Document Number)
	,
Carried Carlos	Conditions of Chairs
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:





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SECRETARY OF STATE

022 OCT 20 PH 3:

## **COVER LETTER**

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

Direct : SUBJECT:	Sellers USA Inc		
SOBJEC1	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l 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 o Status
		ADDITIONAL CO	PY REQUIRED
Gu FROM:	s Zacharakos Nam	e (Printed or typed)	
701 ——	8 Fort Hamilton Pkwy	A 43	
Bro	ooklyn, NY 11228	Address	
_	City	, State & Zip	
718	3-921-2222		
	Daytime '	Telephone number	
gus	@hamiltonaccounting.com		
	E-mail address: (to be use	ed for future annual report i	notification)

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



October 21, 2022

CORPORATION SERVICE COMPANY

RESUBINIT

Please give original submission date as file date.

SUBJECT: DIRECT SELLERS USA INC

Ref. Number: W22000133260

We have received your document for DIRECT SELLERS USA INC. However, the document has not been filed and is being returned for the following:

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham Regulatory Specialist II New Filing Section

Letter Number: 722A00023620



1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 063857 AUTHORIZATION : COST LIMIT : \$ 78 ORDER DATE: October 20, 2022 ORDER TIME : 2:04 PM ORDER NO. : 063857-005 CUSTOMER NO: 4367052 DOMESTIC FILING NAME: DIRECT SELLERS USA INC EFFECTIVE DATE: XX ARTICLES OF INCORPORATION \_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP \_\_\_ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

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

ARTICLE I NAME The name of the corporat	Direct Sellers USA Inc		
ARTICLE II PRINC		N	Mailing address, if different is:
Suite 229 Boca Raton, FL 3343	1		
ARTICLE III PURPO	Online Same corporation is organized is:	ales and Amazon S	tore
The purpose for which t	ne corporation is organized is:		22 5
			22 <b>BCT</b>  20
			22 <b>B</b> CT 20
			O AM O: 45
			0: AT
			25 OF THE TENT
Name and Title Address	James Zacharakos, President e: 4511 S Ocean Blvd		
	Unit 506		
	Highland Beach, FL 33487		
Name and Title	:	Name and Title:	<del> </del>
Address		Address:	
		<del></del>	
	<del>- , , ,</del>		
Name and Title	:	Name and Title:	<u> </u>
Address		Address:	<del></del>
		<del></del>	

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  10/24/22	Name ar	nd Title:	Name and Title:
the name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:    James Zacharakos   3200 N Federal Highway - Suite 229     Boca Raton, FL 33431   20   20   20   20   20   20   20   2	Addres	s	Address:
the name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  ame:  James Zacharakos  Boca Raton, FL 33431  RTICLE VII INCORPORATOR  the name and address of the incorporator is:  Gus Zacharakos  Address:  To 18 Fort Hamilton Pkwy  Brooklyn, NY 11228  RTICLE VII EFFECTIVE DATE: Tective date, if other than the date of filing:  f an effective date, if other than the date of filing:  other: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as e document's effective date on the Department of State's records.  Address:  Address:  RTICLE VII EFFECTIVE DATE: The first was a first of the date on the date of filing:  To 18 forther than the date of filing:  To 20 Filing  (OPTIONAL)  F an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the ing)  other: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as e document's effective date on the Department of State's records.  Aving been named as registered agent to accept service of process for the above stated corporation at the place designated in this rutificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  10/24/22  Required Signature/Registered Agent  Date  Required Signature/Registered Agent  Date  Required Signature/Registered Agent  Date  10/24/22			
the name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  James Zacharakos  ame:  Boca Raton, FL 33431  RTICLE VII INCORPORATOR  the name and address of the Incorporator is:  Gus Zacharakos  Address:  Total Fort Hamilton Pkwy  Brooklyn, NY 11228  RTICLE VII EFFECTIVE DATE:  The clive date, if other than the date of filing:  f an effective date, if other than the date of filing:  off: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ed document's effective date on the Department of State's records.  Adving been named as registered agent to accept service of process for the above stated corporation at the place designated in this striffcate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  Required Signature/Registered Agent  Date  Required Signature/Registered Agent  Date  Required Signature/Registered Agent are true. I am aware that the false information submitted in a pocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  10/24/22			
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James Zacharakos  Soldress:  Boca Raton, FL 33431  RITICLE VII INCORPORATOR  the name and address of the Incorporator is:  OBY Soldress:  Soldress:  OBY Soldress  RITICLE VIII EFFECTIVE DATE: (The first Harmilton Pkwy)  Brooklyn, NY 11228  RITICLE VIII EFFECTIVE DATE: (The effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the ling.)  Interest of 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.  Raving been named as registered agent to accept service of process for the above stated corporation at the place designated in this errificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  10/24/22  Required Signature/Registered Agent  Date  Submit this document, and affirm that the facts stated herein are true. I am aware that the false information submitted in a occument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	RTICLE VI	REGISTERED AGENT	
Boca Raton, FL 33431  RTICLE VII INCORPORATOR  the name and address of the Incorporator is:  Address:  Gus Zacharakos  Address:  Total Fort Hamilton Pkwy  Brooklyn, NY 11228  RTICLE VIII EFFECTIVE DATE: frective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the ling.)  ote: 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.  Adving been named as registered agent to accept service of process for the above stated corporation at the place designated in this partificate, I um familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  Date  Required Signature/Registered Agent  Date  Required Signature/Registered Agent are true. I am aware that the false information submitted in a pocument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  10/24/22	ne <u>name and F</u>		
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Address:    Total Fort Hamilton Pkwy	he <u>name and a</u>	<del></del>	in log
Brooklyn, NY 11228    IRTICLE VIII   EFFECTIVE DATE:   (OPTIONAL)	Name:	Gus Zacharakos	
frective date, if other than the date of filing:	Address:	7018 Fort Hamilton Pkwy	<u> </u>
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·	Required Signa	túre/Incorporator	
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