	(Requestor's Name)				
	(Address)				
	(waters)				
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL				
(Business Entity Name)					
	(Document Number)				
Certified Copies	Certificates of Status				
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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	on shall be: Cannabee House	. Inc		
ARTICLE II PRINCI 1745 E Hallandale Bo Unit 2307W	PAL OFFICE Principal <u>street</u> address each. Blvd		Mailing addi	ress, if different is:
Hallandale Beach, Fl	33009			
ARTICLE III PURPO. The purpose for which th	<u>SE</u> e corporation is organized is:To			
ARTICLE IV SHARE. The number of shares of s	: <u>S</u> tlock is: 100			
	L OFFICERS AND/OR DIRECTO	<u>DRS</u>		
Name and Title	Oleg Rybak, President	Name and T	itle:	
Address	1745 E Hallandale Beach Bl	vd Address:		
	Unit 2307W			
	Hallandale Beach, FL. 33009)		
Name and Title:		Name and T	itle:	
Address		Address:		
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Name and Title:				三方 三
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Name	and Title:	Name and Title:
Addre	rss	Address:
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Oleg Rybak	
Address:	1745 E Hallandale Beach Blvd., Unit 2307V	V
	Hallandale Beach, FL. 33009	
<u>ARTICLE VII</u>	INCORPORATOR	
The <u>name and</u>	address of the Incorporator is:	
Name:	Oleg Rybak	
Address:	1745 E Hallandale Beach Blvd., Unit 23	07W
	Hallandale Beach, FL. 33009	
Effective date.	I EFFECTIVE DATE; if other than the date of filing: e date is listed, the date must be specific and canno	. (OPTIONAL) The more than five days prior or 90 days after the
Note: If the dathe document?	ate inserted in this block does not meet the applicable s effective date on the Department of State's records.	statutory tiling requirements, this date will not be listed as
Having been n certificate, I an	amed as registered agent to accept service of process for familiar with and accept the appointment as register.	or the above stated corporation at the place designated in this ed agent and agree to act in this capacity
1		11/1/2022 Date
	Required Signature Registered Agent	Date
I submit this of document to the	locument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in ϵ as provided for in s.817.155, F.S.
	WALL	11/1/2022
Required Sign	ature Incorporator	Date

EILED

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SECRETARY OF STATE
TALLAHASSEE, FL