

P22000087/24

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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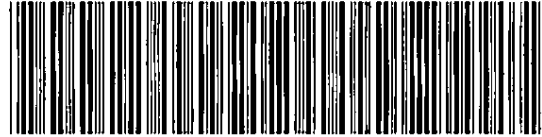
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Date: **November 21, 2022**

Account#: I20000000088

Name: **James Brodbeck**

Reference #: **1837465**

Entity Name: **ASTER-ROSE COMPANY HOLDING, INC.**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

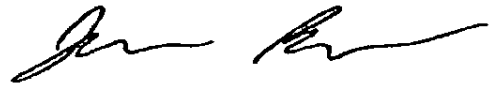
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: **\$70.00**

Signature: 

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: Aster-Rose Company Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4591 South Road

Wellington, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Corporation is organized to transact any or all lawful business for which corporations

may be incorporated under the Florida Business Corporation Act as it now exists or may hereafter

be amended or supplemented.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stacey Thiele, Director

Name and Title: Stacey Thiele, President

Address 4591 South Road

Address: 4591 South Road

Wellington, FL 33414

Wellington, FL 33414

Name and Title: Johan Rosenberg, Director

Name and Title: Johan Rosenberg, Secretary

Address 4591 South Road

Address: 4591 South Road

Wellington, FL 33414

Wellington, FL 33414

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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DIVISION 13
CORPORATE

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: Johan Rosenberg
Address: 4591 South Road
Wellington, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Leslie O'Brien
Address: 225 South Sixth Street, Suite 3500
Minneapolis, MN 55402

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

By: [Signature]
Required Signature/Registered Agent

11/19/2022
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.

[Signature]
Required Signature/Incorporator

11/15/2022
Date

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