

P22000087997

(Requestor's Name)

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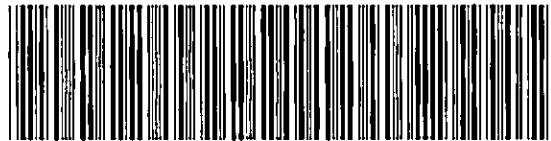
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM
NOV 30 2022

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DIVISION OF CORPORATIONS
22 NOV 29 PM 6:17

RECEIVED
2022 NOV 29 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Print Bags USA Inc

(PROPOSED CORPORATE NAME) DEFFIN

Enclosed are an original and one (1) copy of the articles of incorporation and 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 of
Status

ADDITIONAL COPY REQUIRED

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DIVISION OF CORPORATIONS
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FROM: Joel Marcus
Name (Printed or typed)

6716 W. Prospect Road
Address

Ft. Lauderdale, FL 33309
City, State & Zip

(954) 566-8513
Daytime Telephone number

JmarcusCPA@yahoo.com
E-mail address: (to be used for future annual report notification)

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

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

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ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 11/29/2022

PRIORITY Regular Approval

OUR REF.#.(Order ID#) 1097035

ORDER ENTITY
PRINTBAGS USA INC

PLEASE PERFORM THE FOLLOWING SERVICES:

PRINTBAGS USA INC (FL)

Please file the attached articles and provide a certified copy.

NOTES:

\$78.75 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: Print Bags USA, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
10625 SW 89th Ct.
Miami, FL 33176

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Post printing Company
Selling primarily printed paper bags

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ralph Droz - CEO

Address: 10625 SW 89th Ct.
Miami, FL 33176

Name and Title: Jhony Sabagh - COO

Address: 10625 SW 89th Ct.
Miami, FL 33176

Name and Title: Michael Droz - President

Address: 10625 SW 89th Ct.
Miami, FL 33176

Name and Title:

Address:

Name and Title: Anwar Bayab - CFO

Address: 10625 SW 89th Ct.
Miami, FL 33176

Name and Title:

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: Joel Marcus
Address: 676 W. Prospect Rd.
 Ft. Lauderdale, FL 33309

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ralph Draz
Address: 10625 SW 89th Ct
Miami, FL 33176

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.

Required Signature/Registered Agent

10/19/22
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

10/19/2022
Date