12/1/22, 10:51 AM

## Division of Corporations

Electronic Filing Cover Sheet

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(((H22000404929 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

MAN FRANKS OF THE PARTY OF THE PROPERTY OF THE MANNESS AND THE PARTY OF THE PARTY O

From:

Account Name : HUBCO

Phone : (516)935-3940 Fax Number : (516)935-3088

\*\*\* RESUBMIT \*\*\*

ORIGINALLY FAXED 12/1/2022. HAVE NOT RECEIVED FILED

Account Number: 104662003400 PAPERWORK/NOT YET ON SUNBIZ.

THANK YOU!.

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: MOYA@BRIANMARCUSCPA.COM

## FLORIDA PROFIT/NON PROFIT CORPORATION

## Juice in the RAW FL Inc

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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Help

iSign Envelope ID: 4EA4DA30-0A			H2200040492
2	ARTICLES OF I	NCORPORATION and/or Chapter 621 F.S. (Prof.	in <b>3</b>
		androt Chapter 021, 1.3. (From	***
The name of the corporat	ion shall be:	lice in the RAW FL Inc	À
ARTICLE II PRINC	TPAL OFFICE Principal street address	Mailing a	ddress, if different is:
6501 Arlington Expres	ssway B105 #2234	With the Control of t	deress, ir different is.
Jacksonville, FL 3221	1		
ARTICLE III PURPO	DSE Colina	iving galas	
The purpose for which the	he corporation is organized is: Online	Juice sales	
		man di distributi di mala mala descriptivo di seleggi di seleggi di seperatura di seleggi di seleggi di seleggi	
	ES stock is: 1,500 at No Par Value L OFFICERS AND/OR DIRECTORS		· · ·
Name and Title	Gil Galili - President	Name and Title:	
Address	6501 Arlington Expressway B105 #2	2234 Address:	
	Jacksonville, FL 32211		·· 
		<del></del>	
Name and Title:		Name and Title:	
Address		Address:	<u> </u>
Address		Additos.	
	1919111-7-19191111-1919111		
Name and Title:		Name and Title:	
Address		Address:	
			<u></u>

DocuSign Envelope

Gil Galili 

Envelope ID: 4EA4I	DA30-0A19-4B19-8BB2-1B52B119DF34	H22000404929
Name ar	nd Title:	Name and Title:
Addres	S	
ARTICLE VI	REGISTERED AGENT	
	lorida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Gil Galili	
Address:	6501 Arlington Expressway B105 #2234	_
	Jacksonville, FL 32211	
· <del>- ·</del>	INCORPORATOR  ddress of the Incorporator is:  Gil Galili  6501 Arlington Expressway B105 #2234	
	Jacksonville, FL 32211	
Effective date, if	EFFECTIVE DATE:  f other than the date of filing:	t be more than five days prior or 90 days after the
filing.)		Cor
	e inserted in this block does not meet the applicable seffective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
	·	₹.
	med as registered agent to accept service of process fo familiar with and accept the appointment as registere	or the above stated corporation at the place designated in this ed agent and agree to act in this capacity
الم	Galili	November 30, 2022
Required Signali	Postanous ire/ Registered Agent	Date
	cument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	true. I am aware that the false information submitted in a c as provided for in s.817.155. F.S.

November 30, 2022

Date