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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6391

From:

Account Name : Vcorp Services, LLC
Account Number : 120160000067
Phone : (845) 426-0377
Fax Number : (441) 414-3546

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

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FLORIDA PROFIT/NON PROFIT CORPORATION

Phant Merger Sub, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
OF
PHANT MERGER SUB, INC.

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

Article I
Name

The name of the corporation shall be: Phant Merger Sub, Inc.

Article II
Principle Office

Principal Street Address and Mailing Address: 1800 2nd St., 603, Sarasota, Florida 34236

Article III
Purpose

The purpose for which the corporation is organized is: To act as a merger-subsiidiary and for any other lawful purpose for which a corporation is incorporated in the State of Florida.

Article IV
Shares

The number of shares of stock is: 1000 shares, no par value.

Article V
Initial Officers and/or Directors

The initial Directors of the corporation shall be:

Name: Colin Conway
Title: Director
Address: 1800 2nd St., 603 Sarasota, Florida 34236

Name: Michael Pope
Title: Director
Address: 1800 2nd St., 603 Sarasota, Florida 34236

Name: Robert Morris
Title: Director
Address: 1800 2nd St., 603 Sarasota, Florida 34236

Article VI
Registered Agent

The street address of the initial registered office of the Corporation is 1200 South Pine Island Road, Plantation, FL 33324. The name of the initial registered agent of the Corporation at that office is VCORP SERVICES, LLC.

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Article VII
Incorporator

The name and address of the incorporator is:

Elizabeth Kirillova, Esq.
10880 Wilshire Blvd. 19th Floor
Los Angeles, CA 90025

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

Elizabeth Kirillova
Registered Signature/Registered Agent

12/20/2022
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.

Elizabeth Kirillova
Registered Signature/Incorporator

12/20/2022
Date

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