

P23000008577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

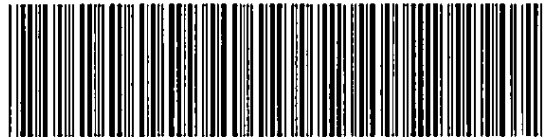
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
FEB - 3 2023

FILED
2023 FEB - 2 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2023 FEB - 2 PM 3:39
ALLIANCE

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 02/02/2023

****WALK IN****

ENTITY NAME Nine Birdies Corp.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$87.50

ACCOUNT #: I20160000072

S. R. J. / J. J.

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: Nine Birdies Corp.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: Stephania Fahmi
Name (Printed or typed)

155 University Avenue, Suite 300
Address

Toronto, Ontario, Canada, M5H 3B7
City, State & Zip

514 396 9232
Daytime Telephone number

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

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

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: Nine Birdies Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

687 Hermitage Circle

Palm Beach Gardens, Florida 33410

Mailing address, if different is:

687 Hermitage Circle

Palm Beach Gardens, Florida 33410

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Peter Gianakas, Director

Address 687 Hermitage Circle

Palm Beach Gardens, Florida, 33410

Name and Title: Peter Gianakas, President

Address: 687 Hermitage Circle

Palm Beach Gardens, Florida, 33410

Name and Title: Peter Gianakas, Secretary

Address 687 Hermitage Circle

Palm Beach Gardens, Florida, 33410

Name and Title: Peter Gianakas, Treasurer

Address: 687 Hermitage Circle

Palm Beach Gardens, Florida, 33410

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL.

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: Peter Gianakas
 Address: 687 Hermitage Circle
Palm Beach Gardens, Florida, 33410

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Peter Gianakas
 Address: 687 Hermitage Circle
Palm Beach Gardens, Florida, 33410

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

/s/ Peter Gianakas

Required Signature/Registered Agent

February 2, 2023

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.

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