**Division of Corporations** Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000077550 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

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

Email Address:

nycelyfitness@gmail.com

## FLORIDA PROFIT/NON PROFIT CORPORATION

## Simple Solutions Management Co.

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

Electronic Filing Menu Corporate Filing Menu

Help

02/28/2023 16:41 From:17184082550 To:18506176381 Date Time 02/28/23 04:40PM Pages: 3 P: 2/3

(((H23000077550 3)))

## ARTICLES OF INCORPORATION

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

RTICLE II PRINC			
Principal <u>street</u> address 3000 NE 2nd Avc, Apt 721		Mailing ac 3000 NE 2nd Ave.	ldress, if different is: Apt 721
Miami, FL 33137		Miami, FL 33137	
			<del></del>
TICLE III BUBBL	ACC	<del></del>	
TICLE III PURPO e purpose for which t	he corporation is organized is: Profession	ual Services	
e provide professiona	l services to businesses and organization	s to help them operate more ef	heiently and effectively
-			
			<del>-</del>
		· · · · · ·	
	····		
CTICLE IV SHARI			
RTICLE IV SHARI e number of shares of			
e number of shares of			¨- Ν
e number of shares of	L OFFICERS AND/OR DIRECTORS	Name and Title:	ن . ت <del>ت</del>
e number of shares of  RTICLE V INITIA  Name and Title	L OFFICERS AND/OR DIRECTORS	Name and Title:	ن . ت <del>ت</del>
e number of shares of	stock is:  L OFFICERS AND/OR DIRECTORS  Jacob Nicely, CEO	Name and Title:Address:	ری ا
e number of shares of  RTICLE V INITIA  Name and Title	L OFFICERS AND/OR DIRECTORS Jacob Nicely, CEO 250 Ashland Pl., 27M	_	
e number of shares of  RTICLE V INITIA  Name and Title	L OFFICERS AND/OR DIRECTORS Jacob Nicely, CEO 250 Ashland Pl., 27M	_	
e number of shares of  RTICLE V INITIA  Name and Title	L OFFICERS AND/OR DIRECTORS Jacob Nicely, CEO 250 Ashland Pl., 27M Brooklyn, NY 11217	_	3 - 1 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3
e number of shares of  RTICLE V INITIA  Name and Title  Address  Name and Title	L OFFICERS AND/OR DIRECTORS Jacob Nicely, CEO  250 Ashland Pl., 27M  Brooklyn, NY 11217  Robinson Frias, President	Address:  Name and Title:	3 
e number of shares of  RTICLE V INITIA  Name and Title  Address	L OFFICERS AND/OR DIRECTORS Jacob Nicely, CEO  250 Ashland Pl., 27M  Brooklyn, NY 11217  Robinson Frias, President	Address:  Name and Title:	3 - 1 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3
e number of shares of  RTICLE V INITIA  Name and Title  Address  Name and Title	L OFFICERS AND/OR DIRECTORS Jacob Nicely, CEO 250 Ashland Pl., 27M Brooklyn, NY 11217  Robinson Frias, President 90 Ellwood St., Apt. AA	Address:  Name and Title:	3 
e number of shares of  RTICLE V INITIA  Name and Title  Address  Name and Title	L OFFICERS AND/OR DIRECTORS Jacob Nicely, CEO 250 Ashland Pl., 27M Brooklyn, NY 11217  Robinson Frias, President 90 Ellwood St., Apt. AA	Address:  Name and Title:  Address:	3 
e number of shares of  RTICLE V INITIA  Name and Title  Address  Name and Title:  Address	L OFFICERS AND/OR DIRECTORS Jacob Nicely, CEO 250 Ashland Pl., 27M Brooklyn, NY 11217  Robinson Frias, President 90 Ellwood St., Apt. AA New York, NY 10040	Address:  Name and Title:  Address:	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
e number of shares of  RTICLE V INITIA  Name and Title  Address  Name and Title:  Address	L OFFICERS AND/OR DIRECTORS Jacob Nicely, CEO 250 Ashland Pl., 27M Brooklyn, NY 11217  Robinson Frias, President 90 Ellwood St., Apt. AA New York, NY 10040	Name and Title:  Name and Title:  Name and Title:	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box Name:  Address:  Devi Vogel  Address:  Coral Springs. FL 33065  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Jacob Nicely  Address:  Brooklyn. NY 11217  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be adays after the filing.)  Note: If the date inserted in this block does not read the document's effective date on the Department  Having been named as registered agent to accept this certificate, I am familiar with and accept the    /s/ Levi Vogel  Required Signature/Re	18506176381 Date
Name and Title:  Address  ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box Name:  Address:  Soft Nw 38th Street  Coral Springs, FL 33065  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Jacob Nicely  Address:  250 Ashland PL, 27M  Brooklyn, NY 11217  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be adays after the filing.)  Note: If the date inserted in this block does not a the document's effective date on the Department  Having been named as registered agent to accept this certificate, I am familiar with and accept the /S/ Levi Vogel  Required Signature/Ret	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box Name:  Address:  Levi Vogel  Address:  Coral Springs. FL 33065  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is: Name:  Jacob Nicely  Address:  Brooklyn. NY 11217  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be adays after the filing.)  Note: If the date inserted in this block does not a the document's effective date on the Department  Having been named as registered agent to accept this certificate. I am familiar with and accept the /s/ Levi Vogel  Required Signature/Re  I submit this document and affirm that the face	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box Name:  Address:  Solve 1	Name and Title:
ARTICLE VII REGISTERED AGENT The name and Florida street address (P.O. Box Levi Vogel Address:    P507 NW 38th Street	
The name and Florida street address (P.O. Box Levi Vogel  Address:    9507 NW 38th Street	Address:
The name and Florida street address (P.O. Box Levi Vogel  Address:    9507 NW 38th Street	
The name and Florida street address (P.O. Box Levi Vogel  Address:    9507 NW 38th Street	
Name:  Address:  Coral Springs. FL 33065  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Jacob Nicely  Address:  Brooklyn. NY 11217  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be adays after the filing.)  Note: If the date inserted in this block does not a the document's effective date on the Department  Having been named as registered agent to accept this certificate, I am familiar with and accept the  /s/ Levi Vogel  Required Signature/Re	NOT acceptable) of the registered agent is:
Address:    Solition   Coral Springs   FL 33065	
The name and address of the Incorporator is:  Name:  Address:  Brooklyn, NY 11217   ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be adays after the filing.)  Note: If the date inserted in this block does not a the document's effective date on the Department  Having been named as registered agent to accept this certificate, I am familiar with and accept the  /s/ Levi Vogel  Required Signature/Re	
The name and address of the Incorporator is:    Name:   Jacob Nicely	
The name and address of the Incorporator is:    Name:	
Name:  Address:    250 Ashland Pl., 27M	
Address:  250 Ashland Pl., 27M  Brooklyn, NY 11217  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be adays after the filing.)  Note: If the date inserted in this block does not a the document's effective date on the Department  Having been named as registered agent to accept this certificate, I am familiar with and accept the  /s/ Levi Vogel  Required Signature/Re	
Address:  Brooklyn, NY 11217  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be a days after the filing.)  Note: If the date inserted in this block does not a the document's effective date on the Department the document's effective date on the Department Having been named as registered agent to accept this certificate, I am familiar with and accept the /s/ Levi Vogel  Required Signature/Re	
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (If an effective date is listed, the date must be a days after the filing.)  Note: If the date inserted in this block does not a the document's effective date on the Department  Having been named as registered agent to accept this certificate, I am familiar with and accept the  /s/ Levi Vogel  Required Signature/Re  I submit this document and affirm that the facts	
Effective date, if other than the date of filing:	<u> </u>
Effective date, if other than the date of filing:	
(If an effective date is listed, the date must be a days after the filing.)  Note: If the date inserted in this block does not the document's effective date on the Department  Having been named as registered agent to accept this certificate, I am familiar with and accept the  /s/ Levi Vogel  Required Signature/Re  I submit this document and affirm that the facts	(OPTIONAL)
Note: If the date inserted in this block does not the document's effective date on the Department  Having been named as registered agent to accept this certificate, I am familiar with and accept the  /s/ Levi Vogel  Required Signature/Re  I submit this document and affirm that the facts	specific and cannot be more than five business days prior or M busines
Having been named as registered agent to accept this certificate. I am familiar with and accept the /s/ Levi Vogel  Required Signature/Rel I submit this document and affirm that the facts	
this certificate, I am familiar with and accept the  /s/ Levi Vogel  Required Signature/Re  I submit this document and affirm that the facts	neet the applicable statutory filing requirements, this date will not be listed of State's records.
this certificate. I am familiar with and accept the  /s/ Levi Vogel  Required Signature/Re  I submit this document and affirm that the facts	•
Required Signature/Re  I submit this document and affirm that the facts	of service of process for the above stated corporation at the place designated appointment as registered agent and agree to act in this capacity
I submit this document and affirm that the facts	2/28/23 G1
	egistered Agent Date
• •	s stated herein are true. I am aware that the false information submitted i a third degree felony as provided for in s.817.155, F.S.
/s/ Jacob Nicely	

Date

Required Signature/Incorporator