3/14/23, 9:53 AM **2nd Request

Division of Corporations

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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

Email Address: _____

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TALLAHASSEE, FL

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FLORIDA PROFIT/NON PROFIT CORPORATION

Sapphire Syndicate Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

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March 17, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VCORP SERVICES, LLC

,

SUBJECT: SAPPHIRE SYNDICATE INC.
REF: W23000036712

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana
Regulatory Specialist II

FAX Aud. #: H23000096729
Letter Number: 123A00006246

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TALLAHASSEE, FL

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 Sapphire Syndicate Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is
21073 Powerline Rd. Suite 35	21073 Powerline Rd. Suite 35
Boca Raton, FL 33433	Boca Raton, FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is Real Estate

ARTICLE IV SHARES

The number of shares of stock is 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title	Moshe Wechsler, President	Name and Title	
Address	21073 Powerline Rd. Suite 35 Boca Raton, FL 33433	Address	
Name and Title		Name and Title	
Address		Address	
Name and Title		Name and Title	
Address		Address	

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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: HE RA FL LLC

Address: 21073 Powerline Rd Suite 35

Boca Raton, FL 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

Name: Moshe Wechsler

Address 21073 Powerline Rd Suite 35

Boca Raton, FL 33433

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TALLAHASSEE, FL

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 business days prior or 90 business 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

Moshe Wechsler 03/13/2023

Required Signature/Registered Agent 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.

03/13/2023

Required Signature/Incorporator Date