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Florida Department of State
Division of Corporations
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((H23000105278 3)))



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Email Address: tova@freundlich@gmail.com

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FLORIDA PROFIT/NON PROFIT CORPORATION TOVA CONSULTING INC.

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COVER LETTER

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

SUBJECT: TOVA CONSULTING INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
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FROM: FILE RIGHT LLC

 Name (Printed or typed)

5314 16TH AVE, SUITE 139

 Address

BROOKLYN, NY 11204

 City, State & Zip

718-878-5811

 Daytime Telephone number

sales@fileacorp.com

 E-mail address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

TOVA CONSULTING INC.

The name of the corporation shall be _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
6498 SWEET MAPLE LANE
BOCA RATON, FL 33433

Mailing address, if different is
6498 SWEET MAPLE LANE
BOCA RATON, FL 33433

ARTICLE III PURPOSE

ANY LAWFUL PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

1000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TOVA FREUNDLICH, CEO
Address: 6498 SWEET MAPLE LANE
BOCA RATON, FL 33433

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

STATE OF FLORIDA
TALLAHASSEE, FL

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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: TOVA FREUNDLICH

Address: 6498 SWEET MAPLE LANE
BOCA RATON, FL 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARK FUCHS

Address: 5314 16TH AVENUE, SUITE 139
BROOKLYN, NY 11204

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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 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

<u>/s/ Tova Freundlich</u>	<u>03/20/2023</u>
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.

<u>/s/ Mark Fuchs</u>	<u>03/20/2023</u>
Required Signature/Incorporator	Date