

3/20/23, 12:29 PM

P2 300002118

Division of Corporations

Florida Department of State
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.

(((H23000104825 3)))



H230001048253AECZ

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 : ALLSTATE CORPORATE SERVICES CORP
Account Number : 120040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
THE MEL B 2023 CONSULTING GROUP CORP

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

FILED
23 MAR 20 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12:3:27
2023

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAMEThe name of the corporation shall be: THE MEL B 2023 CONSULTING GROUP CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
9595 COLLINS AVE SUITE 504N, SURFSIDE, FL 33154Mailing address, if different is:
430 NEXT DAY HILL DR, ENGLEWOOD, NJ 07631**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY LAWFUL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: HILLEL SCHREIBER, PRESIDENT

Name and Title: _____

Address 9595 COLLINS AVE SUITE 504N
SURFSIDE, FL 33154

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
23 MAR 20 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: HILLEL SCHREIBER
 Address: 9595 COLLINS AVE SUITE 504N
SURFSIDE, FL 33154

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HILLEL SCHREIBER
 Address: 9595 COLLINS AVE SUITE 504N
SURFSIDE, FL 33154

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 signed in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

/S/ HILLEL SCHREIBER

Required Signature/Registered Agent

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.

/S/ HILLEL SCHREIBER

Required Signature/Incorporator

FILED
 23 MAR 20 12:33 PM
 3/20/2023
 DEPT. OF STATE
 CORP. DIV.

Date: _____

3/20/2023

Date