

4/4/23, 11:47 AM

Division of Corporations

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Florida Department of State
Division of Corporations
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Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION

Arbanim Corp

Certificate of Status	0
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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Arbanim Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

5819 N Park Road5819 N Park RoadFort Lauderdale FL, 33312Fort Lauderdale FL, 33312**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

Any lawful act or activity for which a corporation may be organized.**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Omry Cohen / President Name and Title: _____Address: c/o Weiss and Co 18 E 41st ST Address: _____New York, NY 10017

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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Name and Title:

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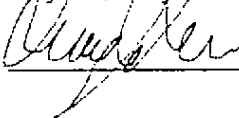
Address:

Address:

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Omry CohenAddress: 5819 N Park RoadFort Lauderdale FL, 33312**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Lauren EndicottAddress: 25 Robert Pitt Dr, Ste 204Monsey, NY 10952**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*

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.*Lauren Endicott

Required Signature/Incorporator

Date

3/29/2023
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3-29-2023