

**P23000031465**

Florida Department of State  
Division of Corporations  
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FLORIDA  
DIVISION OF  
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# FLORIDA PROFIT/NON PROFIT CORPORATION

DAA Corp

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 19 PM 1:13

FILED

**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: DAA Corp**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address4515 W. North A. StreetUnit 10Tampa, FL 33609

Mailing address, if different is:

4515 W. North A. StreetUnit 10Tampa, FL 33609**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Administrative Services**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: David Abikzer - Director

Name and Title: \_\_\_\_\_

Address

4515 W. North A. Street

Address: \_\_\_\_\_

Unit 10Tampa, FL 33609

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

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: David Abikzer  
 Address: 4515 W. North A. Street, Unit 10  
Tampa, FL 33609

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: David Abikzer  
 Address: 4515 W. North A. Street, Unit 10  
Tampa, FL 33609

**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 04/17/2023  
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.*

\_\_\_\_\_  
 Required Signature/Incorporator 04/17/2023  
Date