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(R	Requestor's Name)	
	(ddress)	
(7	idul 655)	
(A	daress)	
(C	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL MAIL
(B	Business Entity Name)	
(D	Occument Number)	
Copies	Certificates o	f Status
a' Instructions to Fil	ling Officer:	
		

Office Use Only



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2023 APR 27 AH 7: 33



FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

04/27/23

NAME: BASTIAT DELRAY, INC.

TYPE OF FILING: ARTICLES

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

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

SUBJECT: Bastia	t Delray, Inc.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
Ø \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: <u>Da</u>		e (Printed or typed)	
		Address	
Ise	lin, NJ 08830	State & Zip	
201	2480269	·	
	Daytime T	elephone number	
dan	@brandymelvilleusa.com		
	E-mail address: (to be used	d for future annual report n	otification)

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

2023 AFR 27 MH 7: 33

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

	NCIPAL OFFICE Principal street address		Mailing address, if different is:		
st Atlantic Avenue Beach FL, 33444			120 Wood Ave S. Suite 407 Iselin, NJ 08830		
		tsein, No	V8830		
					
CLE III PURI	POSE NATIONAL PROPERTY OF THE POSE		A 24		
rpose for which	the corporation is organized is: Wome	ens Clothing Re	tail		
<u>.</u>					
					
LE IV SHAF	RES				
mber of shares o	f stock is:				
LE V INITI	AL OFFICERS AND OD DIRECTORS				
	<u>AL OFFICERS AND/OR DIRECTORS</u>				
Name and Titl			Salvatore Rianna CFO/EVI		
	Stephan Marsan President/C	DEO Name and Title			
Name and Titl Address	Stephan Marsan President/C		e: Salvatore Rianna CFO/EVF		
	Stephan Marsan President/C	DEO Name and Title			
	Stephan Marsan President/C 120 S Wood Ave Suite 407	DEO Name and Title	120 S Wood Ave Suite 407		
	Stephan Marsan President/C 120 S Wood Ave Suite 407	DEO Name and Title	120 S Wood Ave Suite 407		
Address	Stephan Marsan President/O 120 S Wood Ave Suite 407 Iselin, NJ 08830	OEO Name and Title Address:	120 S Wood Ave Suite 407 Iselin, NJ 08830		
Address Name and Title	Stephan Marsan President/C 120 S Wood Ave Suite 407	Address: Address: Name and Title	120 S Wood Ave Suite 407 Iselin, NJ 08830		
Address	Stephan Marsan President/O 120 S Wood Ave Suite 407 Iselin, NJ 08830	OEO Name and Title Address:	120 S Wood Ave Suite 407 Iselin, NJ 08830		
Address Name and Title	Stephan Marsan President/O 120 S Wood Ave Suite 407 Iselin, NJ 08830	Address: Address: Name and Title	120 S Wood Ave Suite 407 Iselin, NJ 08830		
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Address Name and Title Address	Ic: Stephan Marsan President/O 120 S Wood Ave Suite 407 Iselin, NJ 08830	Address: Name and Title Name and Title Address: Address:	120 S Wood Ave Suite 407 Iselin, NJ 08830		
Address Name and Title Address	Ic: Stephan Marsan President/O 120 S Wood Ave Suite 407 Iselin, NJ 08830	Address: Name and Title Name and Title Address: Address:	120 S Wood Ave Suite 407 Iselin, NJ 08830		
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Address Name and Title Address Name and Title	Ic: Stephan Marsan President/O 120 S Wood Ave Suite 407 Iselin, NJ 08830	Address: Name and Title Name and Title Address: Name and Title Name and Title	120 S Wood Ave Suite 407 Iselin, NJ 08830 203 APR 27 A		
Address Name and Title Address Name and Title	Ic: Stephan Marsan President/O 120 S Wood Ave Suite 407 Iselin, NJ 08830	Address: Name and Title Name and Title Address: Name and Title Name and Title	120 S Wood Ave Suite 407 Iselin, NJ 08830		

Name a	nd Title:	Name and Title:			
Address		Address:			
		<u> </u>			
		_			
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o	f the registered agent is:			
Name:	Paracorp Incorporated	_			
Address:	155 Office Plaza Drive, 1st Floor	_			
	Tallahassee, FL 32301	_			
	<u>INCORPORATOR</u>				
The <u>name and a</u>	ddress of the Incorporator is:				
Name:	Stephan Marsan	-			
Address:	120 Wood Ave S, Suite 407	_			
	Iselin, NJ 08830	_			
Effective date, if (If an effective difiling.) Note: If the date	other than the date of filing: late is listed, the date must be specific and cannot inserted in this block does not meet the applicable ffective date on the Department of State's records.	ot be more than five days prio			
certificate, I am f	ned as registered agent to accept service of process for amiliar with and accept the appointment as register			ited in this	
see attachment	Required Signature/Registered Agent		Date		
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon		e information subn	nitted in a	
	Stadulle_		04/27/2023		
Required Signatu	rencorporator	Date	=16.1 =16.1 =16.1	(C.23 A)	
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STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 4/27/2023

ENTITY NAME: Bastiat Delray, Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated