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FLORIDA PROFIT BENEFIT CORPORATION COVER LETTER

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2637 E Atlantic Blvd # 1240 Ad Pompano Beach, FL 33062 City, St	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
Filing Fee & Certificate of Status FROM: S. Michael Kaufman Name (1) 2637 E Atlantic Blvd # 1240 Ad Pompano Beach, FL 33062 City, St. Daytime Tele	Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status
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info@livingharmony.org		5.
E-mail address: (to be used for	or future annual report n	otification)
NOTE: Please provide the orig		

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

CLE II PR	<u>INCIPAL OFFICE</u>			
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BENEFIT DIRECTOR: loannis Lagos 2637 E Atlantic Blvd # 1240 Pompano Beach, FL 33062 STERED AGENT street address (P.O. Box NOT acceptal lichael Kaufman 7 E Atlantic Blvd #1240	If applicable, BENEFIT Of Name: Address:	FFICER:
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S. Michael Kaufman		2023 SEC TA
637 E Atlantic Blvd #1240		
Pompano Beach, FL 33062		- 議長 も
TIONAL QUALIFICATIONS OF BE	ENEFIT DIRECTOR, IF ANY:	PM 4:46 CF STATE SEE FL
Required Signature/Registered Agent		April 24, 2023 Date
and affirm that the facts stated herein nent of State constitutes a third degree f	are true. I am aware that the fai felony as provided for in s.817.155,	ise information subn F.S. April 24, 2023
Required/Signature/Incorporator		Date
	egistered agent to accept service of procuith and accept the appointment as required Signature/Registered Agent and affirm that the facts stated herein the position of State constitutes a third degree in the state of the state	of the Incorporator is: Michael Kaufman 637 E Atlantic Blvd #1240 Compano Beach, FL 33062 TIONAL OUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY: registered agent to accept service of process for the above stated corporation with and accept the appointment as registered agent and agree to act in the Required Signature Registered Agent and affirm that the facts stated herein are true. I am aware that the factors of State constitutes a third degree felony as provided for in s.817.155,

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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Addı	ress		Address:	
				
if app	olicable, I	BENEFIT DIRECTOR:	If applicable, BENEFIT	OFFICER:
Name	::	Ioannis Lagos	Name:	
Addr	e ss	2637 E Atlantic Blvd # 1240 Pompano Beach, FL 33062	Address:	
		· Oilpano Deach, FL 33002		
				
ARTICLE VI	DECI	STEREN ACRES		
	Florida	STERED AGENT street address (P.O. Box NOT accepta fichael Kaufman	ble) of the registered agent is:	
Name:		7 E Atlantic Blvd #1240		
Address:				
	Роп —	прало Beach, FL 33062		2
ARTICLE VII	<u>INÇO</u>	RPORATOR		18.00 18.00 18.00
The name and	address	of the Incorporator is:		
Name:		S. Michael Kaufman		
Address:	2	637 E Atlantic Blvd #1240		
	_ i	Pompano Beach, FL 33062		
ARTICLE VII	I ADDI	TIONAL QUALIFICATIONS OF BE	ENEFIT DIRECTOR, IF ANY	 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
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Having been no	unied as r	registered agent to accept service of proc with and accept the appointment as re	ess for the above stated corpora	ttion at the place designated in this
cerujicaie, i am	jamuar 	with and accept the appointment as re	gistered agent and agree to act i	n this capacity
		Michael / 1/k		April 24, 2023
	``	Required Signature Registered Agent		Date
a submit this de document to the	ocument Departn	and affirm that the facts stated herein nent of State constitutes a third degree	are true. I am aware that the felony as provided for in \$.817.1	false information submitted in a 55, F.S.
	<u> </u>	Tiche //	-	April 24, 2023
)	Required Signature/Incorporator	-	Date

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