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COVER LETTER

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

SUBJECT: 87th S	treet Medley FL Holding Co	orp.	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	l a check for:
□ \$70.00	□ \$78.75	☑ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
Ü	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
			
FROM: Ja	nna Mateo, Esq. Ainsworth	& Clancy, PLLC	
		e (Printed or typed)	
80	1 Brickell Ave., 8th Floor		<u></u>
		Address	
Mia	ami, FL 33131	0. 6. 7.	
	City	. State & Zip	
30	56003816		
		Telephone number	
	Duy time	pirone mamoer	
info	@business-esq.com		
		d for future annual report r	notification)

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

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

RTICLE I NAM	ME 97th Street Medley F	I Holding Corp.	
ne name of the corp	oration shall be: 87th Street Medley F	L Holding Corp.	
RTICLE II PRI	NCIPAL OFFICE		
100 Brickell Bay Drive #3	Principal street address		Mailing address, if different is:
liami, FL 33231	10/4/	Mærri, FL 3	Il Bay Drive #310747 3231
,			
DTICLETH DUL	DRACE		
RTICLE III PUR he purpose for which	th the corporation is organized is: Any ar	nd all lawful busi	ness.
			· · · · · · · · · · · · · · · · · · ·
RTICLE IV SH	4 <i>RES</i> 100		
he number of shares	of stock is:		
RTICLE V INI	TIAL OFFICERS AND/OR DIRECTORS		
Manage and T	itle: Amrinder S. Johal , President	Name and Title	Navraj Johal, Secretary
Name and 1	me: Aminuel 3, Johan, Fresident	Name and The	•
Address	1450 Meyerside Dr., Suite 401	Address:	1450 Meyerside Dr., Suite 401
	Mississauga, ON £5T 2N5 CAN		Mississauga, ON L5T 2N5 CAN
Name and T	itle: Kaveh Hamzavi, Treasurer	Name and Title	·
Name and 1		Nume and The	·
Address	1450 Meyerside Dr., Suite 401	Address:	
	Mississauga, ON L5T 2N5 CAN		
	-		
Name and T	itle:	Name and Title	•
Name and 1	nic.	Manie and The	•
Address		Address:	
			2023
			
		-	I
			•
			_ <u>~</u>

Name an	nd Title:	Name and Title:
Address	S	Address:
	REGISTERED AGENT	of the ancietopad goant in
Name:	lorida street address (P.O. Box NOT acceptable) Ainsworth & Clancy, PLLC	of the registered agent is.
Address:	801 Brickell Ave., 8th Floor	
Address.	Miami, FL 33131	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	
The name and a	ddress of the Incorporator is:	
Name:	Janna Mateo, Esq.	
Address:	801 Brickell Ave., 8th Floor	
	Miami, FL 33131	<u></u>
Effective date, if	EFFECTIVE DATE: fother than the date of filing: date is listed, the date must be specific and can	
Note: If the date the document's o	e inserted in this block does not meet the applicate effective date on the Department of State's record	ole statutory filing requirements, this date will not be listed as
certificate, I am	med as registered agent to accept service of proces familiar with and accept the appointment as regis	
	Required Signature/Registered Agent	$\frac{\bigcirc(0 0 2 20)}{\bigcirc$
I submit this do document to the	cument and affirm that the facts stated herein a Department of State constitutes a third degree fel	are true. I am aware that the false information submitted in iony as provided for in s.817.155, F.S.
Required Signat	aua late	<u> </u>
	1	
		20:

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