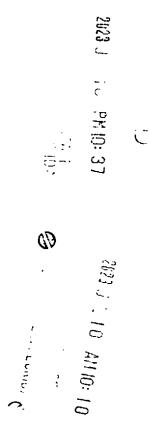
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(F	(equestor's Name)	
(A	Address)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to Fil	ing Officer	· -
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Office Use Only



900411830309



Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

To: Florida Department of State

The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau mmoreau@incserv.com

850.656.7953

REQUEST DATE 7/10/2023

PRIORITY Regular Approval

OUR REF_# (Order ID#) 1161928

ORDER ENTITY_____ICON BUILDERS USA, INC.

ΡĮ	LEASE	P	E	₹ĘQ	RM	THE.	FOLL	OWING	SER	VICES:

ICON BUILDERS USA, INC. (FL)

Please file the attached articles and provide a certificate of status.

NOTES:

\$78.75 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, July 10, 2023 Page 1 of 1

COVER LETTER

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

SUBJECT: IC	ON BUILDERS USA, INC.		
	(PROPOSED CORPORAT	E NAMÉ – <u>MUST INCLU</u>	DE SUFFIX)
Enclosed are an	original and one (1) copy of the artic	eles of incorporation and	a check for:
□ \$70.0 Filing Fo	0 ■ \$78.75 cc Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	Status PY REQUIRED
	l		
FROM:	LARRY J. BEHAR		
	Name	(Printed or typed)	
	888 SOUTHEAST 3RD AVENUE,	SUITE 400	
	Λ	ddress	
	FORT LAUDERDALE, FLORIDA	33136	
	City, S	state & Zip	
	954-524-8888		
	Daytime Te	lephone number	
	LARRY@E2LAWYER.COM		
-	E-mail address: (to be used	for future annual report no	otification)

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)

<u>RTICLE II PRINC</u>	CIPAL OFFICE		
	Principal <u>street</u> address	Mailing a	ddress, if different is:
i11 Lincoln Road, suite 500 iami Beach, FL 33139		N/A	
	OSE the corporation is organized is:	RUCTION, BUILDIN	G, IMPROVEMENTS
DEVELOPMENT	AND RELATED ACTIVITIES		
		 	· · · - · · ·
RTICLE IV SHAR he number of shares of	<u>ES</u> 7,500 SHARES		
he number of shares of	stock is: 1,000 Of William		
	With the same and	- ,	
			
KTIÇLE V INITI	AL OFFICERS AND/OR DIRECTORS		
RTICLE V INITI	AL OFFICERS AND/OR DIRECTORS : IGLI SELAMAJ, PRESIDENT	Name and Title:	
RTICLE V INITI	AL OFFICERS AND/OR DIRECTORS BUT SELAMAJ, PRESIDENT 1111 Lincoln Rd,	Name and Title:	
<i>RTICLE V INITE</i> Name and Titl	AL OFFICERS AND/OR DIRECTORS : IGLI SELAMAJ, PRESIDENT		
<i>RTICLE V INITE</i> Name and Titl	AL OFFICERS AND/OR DIRECTORS BUT SELAMAJ, PRESIDENT 1111 Lincoln Rd,		
<i>RTICLE V INITI</i> Name and Titl Address	AL OFFICERS AND/OR DIRECTORS IGLI SELAMAJ, PRESIDENT 1111 Lincoln Rd, Suite 500 Miami Beach, FI 33139	Address:	
Name and Title Name and Title	AL OFFICERS AND/OR DIRECTORS GEORGE SELAMAJ, PRESIDENT 1111 Lincoln Rd, Suite 500 Miami Beach, FI 33139	Address: Name and Title:	
<i>RTICLE V INITI</i> Name and Titl Address	AL OFFICERS AND/OR DIRECTORS IGLI SELAMAJ, PRESIDENT 1111 Lincoln Rd, Suite 500 Miami Beach, FI 33139	Address: Name and Title:	
Name and Title Name and Title	AL OFFICERS AND/OR DIRECTORS GEORGE SELAMAJ, PRESIDENT 1111 Lincoln Rd, Suite 500 Miami Beach, FI 33139	Address: Name and Title:	
Name and Title Name and Title	AL OFFICERS AND/OR DIRECTORS GEORGE SELAMAJ, PRESIDENT 1111 Lincoln Rd, Suite 500 Miami Beach, FI 33139	Address: Name and Title:	
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Name and Title Name and Title Address Name and Title	IGLI SELAMAJ, PRESIDENT 1111 Lincoln Rd, suite 500 Miami Beach, FI 33139		

Name a	and Title:	Name and Title:
Addre		
Addica		Address.
		
	REGISTERED AGENT	
The name and	Florida street address (P.O. Box NOT acceptable) of the LARRY J. BEHAR	he registered agent is:
Name:		
Address:	888 SE 3RD AVENUE, SUITE 400	
	FORT LAUDERDALE, FL 33316	
ARTICLE VII	<u>INCORPORATOR</u>	
	address of the incorporator is:	
Name:	LARRY J. BEHAR	
Address:	888 SE 3RD AVENUE, SUITE 400	
Addiess.	FORT A LIBERRALE EL COCA	
	FORT LAUDERDALE, FL 33316	
	FORT LAUDERDALE, FL 33316	
<u>ARTICLE VIII</u>	EFFECTIVE DATE:	
Effective date, i	EFFECTIVE DATE: if other than the date of filing:	(OPTIONAL) be more than five days prior or 90 days after
Effective date, i	EFFECTIVE DATE:	(OPTIONAL) be more than five days prior or 90 days after
Effective date, (If an effective filing.) Note: If the da	EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and cannot te inserted in this block does not meet the applicable st	be more than five days prior or 90 days after
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