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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## FLORIDA PROFIT/NON PROFIT CORPORATION **B.J MARC CORP**

Certificate of Status	0
Certified Copy	1
Page Coun:	03
Estimated Charge	\$78.75

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I** NAME: The name of the corporation is:

ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is	:	
4147 Stirling Road Unit 201, 33314 Davie FL.		
<i>;</i> *		
	<del></del>	
ARTICLE III SHARES: The number of shares of stock is: 100		
ARTICLE IV INITIAL DIRECTORS AND/OR OF	FICERS:	
Amitay Rahamim Cohen (P)	·····	
	SE SE	707
	22	2023 JUL
	188 <u>5</u>	
· ·· ,	<u>一</u> 第:	<del></del>
		- -
ARTICLE V INITIAL REGISTERED AGENT AND STRE		
The name and Florida street address (PO Box not acceptable) of the	registered age	int 6
Amitay Rahamim Cohen		<u> </u>
4147 Stirling Road Unit 201, 33314 Davie FL.		
4147 Stirling Road Unit 201, 33314 Davie FL.		
4147 Stirling Road Unit 201, 33314 Davie FL.		
4147 Stirling Road Unit 201, 33314 Davie FL.  ARTICLE VI INCORPORATOR: The name and address of the state of t	ne Incorporat	or is

## Required Signatures:

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

Registered Agent 07/17/2023
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.

Incorporator Date