

P23000056395

Florida Department of State
Division of Corporations

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To: Division of Corporations
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From: Account Name : FILE RIGHT LLC
Account Number : 120170000091
Phone : (718)878-5811
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: shueyweiss@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
SAUL'S SERVICES INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED

2023 JUL 31 PM 3:57

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

JUL 31 2023 10:20 AM

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COVER LETTER

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

SUBJECT: SAUL'S SERVICES INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$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 COPY REQUIRED

FROM: FILE RIGHT LLC
Name (Printed or typed)
5314 16TH AVE, SUITE 139
Address
BROOKLYN, NY 11204
City, State & Zip
718-878-5811
Daytime Telephone number
sales@fileacorp.com
E-mail address: (to be used for future annual report notification)

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

H23000265996 3

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

ARTICLE I NAME SAUL'S SERVICES INC.
The name of the corporation shall be

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is
7924 NW 163RD TER 7924 NW 163RD TER
MIAMI LAKES, FLORIDA 33016 MIAMI LAKES, FLORIDA 33016

ARTICLE III PURPOSE ANY LAWFUL PURPOSE
The purpose for which the corporation is organized is:

ARTICLE IV SHARES 1000
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: SHHAUL Y WEISS, OFFICER Name and Title:
Address 7924 NW 163RD TER Address:
MIAMI LAKES, FLORIDA 33016

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name SHAUL Y WEISS

Address 7924 NW 163RD TER
MIAMI LAKES, FLORIDA 33016

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is

Name: MARK FUCHS

Address 5314 16TH AVENUE, SUITE 139
BROOKLYN, NY 11204

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

<u>/s/ Shaul Y Weiss</u>	<u>07/17/2023</u>
Required Signature/Registered Agent	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.

<u>/s/ Mark Fuchs</u>	<u>07/17/2023</u>
Required Signature/Incorporator	Date