

9/12/2023 1:05 PM

Division of Corporations

P23000066013

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : Vcorp SERVICES, LLC
Account Number : 120080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

****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

Each Degree Labs, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

RECEIVED

2023 SEP 12 PM 4:10

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FAILURE TO FILE

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Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAME
The name of the corporation shall be: Each Degree Labs, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3131 NE 1st Ave, Unit 706
Miami, FL 33137

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful activity

ARTICLE IV SHARES

The number of shares of stock is: Each Degree Labs, Inc.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Omar Sow, CEO

Address: 3131 NE 1st Ave, Unit 706
Miami, FL 33137

Name and Title: Nick Klokus, COO

Address: 3131 NE 1st Ave, Unit 2717
Miami, FL 33137

Name and Title: Alex Klokus, Shareholder

Address: 3131 NE 1st Ave, Unit 2717
Miami, FL 33137

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
MIAMI, FL

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: Vcorp Agent Services, Inc.
 Address: 1200 South Pine Island Road Plantation,
FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Taylor Lolva
 Address: 25 Robert Pitt Drive, Suite 204
Monsey, NY 10952

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

By: Vcorp Agent Services, Inc. [Signature] 9/12/23
 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.

[Signature] 9/12/23
 Required Signature/Incorporator Date

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