

To:

Page: 3 of 5

2023-11-01 10:26:27 EDT

Lexitas

From: Carol Panchana

P23000077043

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 fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000379901 3)))



H230003799013ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : RASI
Account Number : I20220000023
Phone : (800)221-2972
Fax Number : (917)243-5843

****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
BOKLE CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE
TALLAHASSEE, FL

2023 NOV - 1 AM 8:25

FILED

2023 NOV - 1 PM 12:13

FILED

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

ARTICLE I NAME BOKLE CORP.
The name of the corporation shall be: _____

<u>ARTICLE II PRINCIPAL OFFICE</u> Principal <u>street</u> address	Mailing address, if different is:
347 N NEW RIVER DRIVE EAST, #2703	347 N NEW RIVER DRIVE EAST, #2703
FORT LAUDERDALE, FL 33301	FORT LAUDERDALE, FL 33301

ARTICLE III PURPOSE FURNITURE REP
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 200
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL MANHEIM, President	Name and Title: _____
Address: 347 N NEW RIVER DRIVE EAST, #2703	Address: _____
FORT LAUDERDALE, FL 33301	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

FILED
2023 NOV -1 AM 8:25
STATE
TALLAHASSEE, FL

Name and Title _____

Name and Title _____

Address _____

Address _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

MICHAEL MANHEIM

Address:

347 N NEW RIVER DRIVE EAST, #2703

FORT LAUDERDALE, FL 33301

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name:

MICHAEL MANHEIM

Address:

347 N NEW RIVER DRIVE EAST, #2703

FORT LAUDERDALE, FL 33301

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.

Michael S. Manheim

Required Signature/Registered Agent

10/31/23

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.

Michael S. Manheim

Required Signature/Incorporator

10/31/23

Date