

Nov. 01. 2023 02: PM

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11/1/23, 4:47 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : 120040000031  
Phone : (800)906-9220  
Fax Number : (800)906-9880

\*\*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  
AHDORNED INC.

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

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2023 NOV -1 PM 4:47

ALLSTATE

FLORIDA DEPARTMENT OF STATE  
ALLSTATE, FL

2023 NOV -1 PM 4:44

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T. MATTHEWS

NOV -2 2023

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((0123000380742 3)))

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 2023 NOV - 1 PM 4: 44

ARTICLE I NAME

The name of the corporation shall be: AHDORNED INC.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

7000 ISLAND BLVD, SUITE 2604

AVENTURA, FL 33160

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 200 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TRACEY LANE NOVICK, PRESIDENT

Name and Title:

Address 7000 ISLAND BLVD, SUITE 2604

Address:

AVENTURA, FL 33160

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: TRACEY LANE NOVICK  
 Address: 7000 ISLAND BLVD, SUITE 2604  
AVENTURA, FL 33160

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: TRACEY LANE NOVICK  
 Address: 7000 ISLAND BLVD, SUITE 2604  
AVENTURA, FL 33160

**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*

/s/ TRACEY LANE NOVICK

\_\_\_\_\_  
 Required Signature/Registered Agent

10/15/2023

\_\_\_\_\_  
 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.*

/s/ TRACEY LANE NOVICK

\_\_\_\_\_  
 Required Signature/Incorporator

10/15/2023

\_\_\_\_\_  
 Date