

P23000081913

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : USACORP INC.
Account Number : I20130000019
Phone : (718)362-4789
Fax Number : (718)408-2550

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

Email Address: mark@signetcapitalgroup.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Signet Syndication Inc.

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

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Corporate Filing Menu

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

ARTICLE I NAME Signet Syndication Inc.
The name of the corporation shall be: _____

<u>ARTICLE II PRINCIPAL OFFICE</u> Principal <u>street</u> address 19355 Turnberry Way Unit 7E Aventura, FL 33180	Mailing address, if different is: 19355 Turnberry Way Unit 7E Aventura, FL 33180
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ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Small Business Consulting

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yoel Berkovits, President	Name and Title: _____
Address: 19355 Turnberry Way	Address: _____
Unit 7E	_____
Aventura, FL 33180	_____

Name and Title: Menachem Skolnik, CEO	Name and Title: _____
Address: 19355 Turnberry Way	Address: _____
Unit 7E	_____
Aventura, FL 33180	_____

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

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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: Menachem Skolnik
Address: 19355 Turnberry Way, Unit 7E
Aventura, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Menachem Skolnik
Address: 19355 Turnberry Way, Unit 7E
Aventura, FL 33180

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 business days prior or 90 business 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/ Menachem Skolnik

11/27/2023

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.

/s/ Menachem Skolnik

11/27/2023

Required Signature/Incorporator

Date

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2023 NOV 22 AM 1:23
SECRETARY OF STATE
TALLAHASSEE, FL