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To:

Division of Corporations

Fax Number : (850)617-6381

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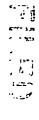
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: moya@brianmarcuscpa.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Kanzen Studio Inc.

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





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

| RTICLE I NAME name of the corporation | NAME corporation shall be: Kanzen Studio Inc. ■ | | | |
|---------------------------------------|--|-----------------------------------|--|--|
| TICLE II PRINCI | IPAL OFFICE Principal street address | Mailing address, if different is: | | |
| TICLE III PURPO. | e corporation is organized is: SALE OF C | LOTHING AND ACCESSORIES | | |
| | | | | |
| TICLE V INITIAL | S tock is: 1,500 at No Par Value COFFICERS AND/OR DIRECTORS ANTHONY MASTELLONE - President/Director | Name and Title: | | |
| Address _ | 196 MEDICI TERRACE | Address: | | |
| | | | | |
| | | Name and Title: | | |
| | | Address: | | |

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|---|---|--|----------------------------|
| Name ar | nd Title: | Name and Title: | |
| Addres | s | Address: | |
| | | | • |
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| | | | |
| | | | |
| | REGISTERED AGENT Storida street address (P.O. Box NOT acceptable) | of the registered agent is: | |
| | ANTHONY MASTELLONE | of the registered agent is. | |
| Name: | 186 MEDICI TERRACE | | |
| Address: | | | |
| | NORTH VENICE FL 34275 | | |
| AOTICI E VII | INCORPORATOR | | |
| | | | |
| The <u>name and a</u> | ddress of the Incorporator is: | | |
| Name: | ANTHONY MASTELLONE | _ | |
| Address: | 186 MEDICI TERRACE | | |
| | ANNORTH VENICE FL 34275 | | |
| (If an effective of filing.) Note: If the date the document's of | fother than the date of filing: date is listed, the date must be specific and can e inserted in this block does not meet the applical effective date on the Department of State's record | not be more than five days ble statutory filing requirements. | prior or 90 days after the |
| certificate, Yang | familiar with and accept the appointment as regis | tered agent and agree to act in | n this capacity |
| | | | November 29, 2023 |
| Required Signan | rc/Registered Agent | | Date |
| | cument and affirm that the facts stated herein a Department of State constitutes a third degree fel | | |
| | | | November 29, 2023 |
| Required Signal | urc/Incorporator | | Dates |
| , | | | 023 HOV 29 |
| | | | |
| | | | 29 |
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