

P23000084681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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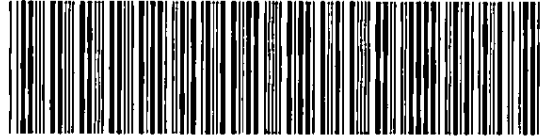
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 DEC -5 AM 9:18
TALLAHASSEE, FL
STATE

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: _____

AEETHERION AI, INCORPORATED
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: _____

MARSHALL T. MAJKO

Name (Printed or typed)

9600 S. DIXIE HWY, # 702

Address

MIAMI, FLORIDA, 33156

City, State & Zip

(612)-229-2185

Daytime Telephone number

mars4683@aol.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles

TALLAHASSEE, FL
STATE

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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: ETHERION AI, INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
9600 S. DIXIE HIGHWAY
SUITE 702
MIAMI, FLORIDA 33156

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For the purpose of transacting
any and all lawful business for which corporations may
be incorporated under state law.

ARTICLE IV SHARES

The number of shares of stock is: 25,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Matshell T. Maske
VICE CHAIRMAN & COO

Address: 9600 S. Dixie Hwy; (ste. #702)
Miami, FL. 33156

Name and Title: Gerard Beauchamp
PRESIDENT, & CEO.

Address: 352 E. 44TH ST.
Minneapolis, MN 55409

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, 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: MARSHALL T. MASKO
Address: 9600 S. DIXIE HIGHWAY
MIAMI, FL. 33156

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MARSHALL T. MASKO
Address: 9600 S. DIXIE HIGHWAY
MIAMI, FL. 33156

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DEPARTMENT OF STATE
TALLAHASSEE, FL

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

Marshall J. Maslo

Required Signature/Registered Agent

11/28/23
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.

Marshall J. Maslo

Required Signature/Incorporator

11/28/23
Date