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.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-2803

Fax Number : (813)436-5206

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

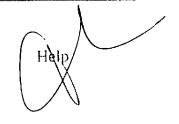
mail	Address:	 	 	

## COR AMND/RESTATE/CORRECT OR O/D RESIGN **FLANKMAN CORPORATION**

Certificate of Status	i
Certified Copy	1
Page Count	05
Estimated Charge	\$52.50

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Corporate Filing Menu



Fax: 8134365206

## RESTATED ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S. (Not for Profit)

The name of the corporation is:		
ARTICLE II RESTATEDARTICLES The text of the Restated Articles is as follows:  The Principal place of the business:		
200 South Andrews Ave. Suite 504, Fort Lauderdale, FL 33301.		
The corporation's purpose:		
"To provide global commercial real estate services and investment solutions.		
	=	1024
Officers and Directors: David Vianova. Chief Executive Officer,		OCT "
200 South Andrews Ave. Suite 504, Fort Lauderdale, FL 33301	<u> </u>	
Jennifer Johnson, Director,	33	H. (
37 North Orange Avenue. 537, Orlando, FL 32801		
The authorized shares: 10,000 shares of common stock with a par value of \$0	.01 per	share.
Ownership: David Vianova is the sole shareholder and 100% owner of Flankm	an Cor	poration.
	*****	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PΤ	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
i) Change	CEO	David Vianova	200 South Andrews Ave,
X		<del> </del>	Suite 504
Remove			Fort Lauderdale, FL 33301
2) Change			782
Add			2024 OCT
Remove			
3) Change			<u> </u>
Add			<u> </u>
Remove			严气
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add	•		
Remove			

10/17/2024 11:54:26 PDT	To: 18506176380	Page: 4
Docusign Envelope ID: 2C130B60-7 The name and Florid	a street address (P.O. Roy NOT accountable)	of the registered agent in

Page: 4/5

Fax: 8134365206

The manie and	a i imina street address (1.0.	now work accelerance to the registered agent	18.
Name:	Robyn Wiley John	son	
Address:	1750 Theodora LN	I. (119)	
	Fleming Island, FL	. 32003	
Having been recertificate, La	named as registered agent to ac m familiar with and accept the	ecept service of process for the above stated co cappointment as registered agent and agree t	orporation at the place designated in this to act in this capacity  10/15/2024
777201970	JOURNOU STEPAGE	re/Registered Agent	Date
	ents to them.	of incorporation supersede the origin <u>INFORMATION</u>	al articles of incorporation and
Adoption o	of Amendment(s)	(CHECK ONE)	2024 OC
required me		ration contain an amendment to the a cof adoption of the amendments was roval	rticles of incorporation which
These re	stated articles of incorpor	ration were adopted by the board of d	lirectors.

Page: 5/5

Fax: 8134365206

## 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 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.

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.

Dated:	/15/2024
	— Docu Signed by:
Signatu	Jennifer Johnson
-	Junifur Johnson  3y 83 50 of the control of the con
	Jennifer Johnson
	(Typed or printed name of person signing)
	Director
	(Title of person signing)