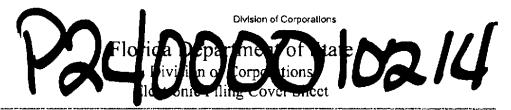
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	Division of Co		
	Fax Number	: (850)617-6381	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
From:			
	Account Name	: VCORP SERVICES, LLC	^1
	Account Number	: 120080000067	:
	Phone	: (845)425-0077	
	Fax Number	: (845)818-3588	_
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FLORIDA PROFIT/NON PROFIT CORPORATION

Fowles Group Corporation

Certificate of Status	0
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Corporate Filing Menu

Help

To:

18886118813

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

/ 21st	Principal street address 40		Mailing address, if different is:
	POSE Real Real the corporation is organized is:		
ETV SHA	8FS		
ber of shares o	RES If stock is:		
her of shares o $E/V = INITO$	f stock is: 1,000 AL OFFICERS AND/OR DIRECTOR	ឬ	
her of shares o $E/V = INITO$	f stock is: 1,000 AL OFFICERS AND/OR DIRECTOR le: Max Fowles-Pazdro, Director	Name and Title:	
ber of shares of E. V. INITAL Name and Tit	f stock is: 1,000 AL OFFICERS AND/OR DIRECTOR	Name and Title:	
ber of shares of E V INITAL Name and Tit Address	AL OFFICERS AND/OR DIRECTOR le: 1443 W 21st	Name and Title: Address:	
ber of shares of E V INITA Name and Tit Address	AL OFFICERS AND/OR DIRECTOR le: Max Fowles-Pazdro, Director 1443 W 21st Miami Beach, FL 33140	Name and Title: Address:	
er of shares of EV INITA Name and Tit Address	AL OFFICERS AND/OR DIRECTOR le: Max Fowles-Pazdro, Director 1443 W 21st Miami Beach, FL 33140	Name and Title: Address: Name and Title: Address: Address:	TALL ANAS:
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,Page: 3 of 3

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From Vcorp Services, LLC

Name and Title:		Name and Title:		
Address		Address:		
				
			-	
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable	e) of the registered agent is:		
Name:	Veorp Agent Services, Inc.			
Address:	1200 South Pine Island Road			
	Plantation., FL 33324			
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>			
	ldress of the Incorporator is:			
Name:	Max Fowles-Pazdro			
Address:	1443 W 21st			
Address.	Miami Beach, FL 33140			
				
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and can	. (OPTIONAL nnot be more than five days p	.) orior or 90 days after the	
Note: If the date the document's e	inserted in this block does not meet the applical ffective date on the Department of State's record	ble statutory filing requirement ds.	ts, this date will not be listed as	
certificate, I am f	ned as registered agent to accept service of proces amiliar with and accept the appointment as regis	tered agent and agree to act in	ion at the place designated in this this capacity	
Ve By:	orp Agent Services, Inc. by Miriam Nachison, a	Asst. Secretary.	2/7/2024	
	Required Signature/Registered Agent		Date	
I submit this doc document to the L	ument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the fo ony as provided for in s.817.15	alse information submitted in a 5, F.S.	
/s/ Max Fowles-	Fazdro		2/7/2024	
Required Signatu	re/Incorporator	D	ALCONOMIC TO THE SECOND AND THE SECO	
			0 50	