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S. CHATHAM
APR - 8 2024

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
WORMWOOD INC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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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: WORMWOOD INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
19312 Crescent Road
Odessa, FL 33556

Mailing address, if different is:
One Penn Plaza, Suite 660
New York, NY 10119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Fashion & Entertainment

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Suvi Riggs - President Name and Title: _____

Address 19312 Crescent Road Address: _____
Odessa, FL 33556

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Suvi Riggs
 Address: 19312 Crescent Road
Odessa, FL 33556

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Suvi Riggs
 Address: 19312 Crescent Road
Odessa, FL 33556

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:

Suvi Riggs _____ 04/08/2024
 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.

Suvi Riggs _____ 04/08/2024
 Required Signature/Incorporator Date