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To:				
	Division of Co	rporations		
	Fax Number	: (850)617-6381	S. CHATHAM	
From:			LATE!	
	Account Name	: RASI	$^{\circ}$ $C_{k,n}$ $^{\circ}$ $^{\circ}$ $^{\circ}$ $^{\circ}$ $^{\circ}$	
	Account Number	: 120220000023	5. 8 W	
	Phone	: (800)221-2972	OB _	20
		: (917)243-5843	V.	<u>}</u> ;
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				2024 APP.
**Enter 1	the email addres	s for this business e	entity to be used for future	1
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FLORIDA PROFIT/NON PROFIT CORPORATION WORMWOOD INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

OZVAPR≚8 PM 5:21 EGNEGARY OF STATE

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

ARTICLE! NAME The name of the corporate	tion shall be: WORMWOO	D INC	
	Principal street address	Mailinga One Penn Plaza New York, NY 1	
ARTICLE III PURPO The purpose for which t	he corporation is organized is: Fash	ion & Entertainmen	
		v	***************************************
	L OFFICERS AND/OR DIRECTORS	Name and Title:	
	19312 Crescent Road Odessa, FL 33556		
Name and Title: Address			2024 APR E8 PM 5: 2 SEIDNETHRY DE STAT THULLAMAS SEELFL
Name and Title: Address			171 =

Name a	and Title:	Name and Title:	
Addre			
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	e) of the registered agent is:	
Name:	Suvi Riggs		
Address:	19312 Crescent Road		2024 APR = SECRUTAR
	Odessa, FL 33556		
<u>ARTICLE VII</u>	INCORPORATOR		APR = PR
The name and	address of the Incorporatoris:		M 5: 2
Name:	Suvi Riggs		21 ATE
Address:	19312 Crescent Road		
	Odessa, FL 33556		
Effective date. (If an effective filing.)	I EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and ca	annot be more than five days	prior or 90 days after the
	te inserted in this block does not meet the applicate inserted at the Department of State's reco		its, this date will not be listed as
Having been no certificate, I am	amed as registered agent to accept service of proce a familiar with and accept the appointment as reg	istered agent and agree to act it	tion at the place designated in this a this capacity
<u> </u>	Suvi Rigga Required Signature/Registered Agent	<u>.</u>	04/08/2024
To a facility of the	·		Date
	ocument and affirm that the facts stated herein e Department of State constitutes a third degree fo		
Suu	ri Riggs		04/08/2024
Required Signa	ture/Inc/ry6rator	ε	Date

Lexites

From: Carol Panchana

Page: 5 of 5 , - . -, 2024-04-08 11:15:30 CDT