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(Requestor's Name)

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(City/State/Zip/Phone #)

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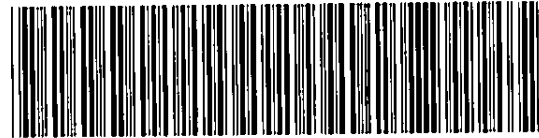
(Business Entity Name)

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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

YITZCHOK WOLBE INC

Please Debit FCA000000003 For: 78.75

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

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Art of Inc. File _____
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COVER LETTER

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

SUBJECT: YITZCHOK WOLBE INC
(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: YITZCHOK WOLBE
Name (Printed or typed)
22872 EL PORADO DRIVE
Address
BOCA RATON FLORIDA 33433
City, State & Zip
917 863 5973
Daytime Telephone number
DAVID SUSS CPA @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FL

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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: YITZCHOK WOLBE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

22872 EL DORADO DRIVE
BOCA RATON FLORIDA 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE SALES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YITZCHOK WOLBE Name and Title: PRESIDENT

Address: 22872 EL DORADO DRIVE Address: _____
BOCA RATON FLORIDA 33433

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: FITZCHOK WOLBE

Address: 22872 EL NORADO DRIVE
BOCA RATON FLORIDA 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FITZCHOK WOLBE

Address: 22872 EL NORADO DRIVE
BOCA RATON FLORIDA 33433

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

[Signature]

Required Signature/Registered Agent

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.

[Signature]

Required Signature/Incorporator

Date

5/3/24
Date
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