

5/17/24, 12:06 AM

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## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : FELDMAN & ASSOCIATES  
Account Number : I20130000018  
Phone : (305)931-0433  
Fax Number : (856)356-1462

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

Email Address: paul@feldmanclosings.com

## FLORIDA PROFIT/NON PROFIT CORPORATION

Shagal USA, Inc.

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

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FLORIDA DEPARTMENT OF STATE  
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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: SHAGAL USA, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address1912 S. Ocean Dr., Unit 19D

Mailing address, if different is:

Hallandale Beach, FL 33009**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: any and all legal purposes**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Gal Fisher, Director

Name and Title: \_\_\_\_\_

Address 1912 S. Ocean Dr., Unit 19D

Address: \_\_\_\_\_

Hallandale Beach, FL 33009Name and Title: Shay Basal, Director

Name and Title: \_\_\_\_\_

Address 1912 S. Ocean Dr., Unit 19D

Address: \_\_\_\_\_

Hallandale Beach, FL 33009

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: Paul Feldman, Esq.  
Address: 2750 NE 185th Street, Suite 203  
Aventura, FL 33180

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Paul Feldman, Esq.  
Address: 2750 NE 185th Street, Suite 203  
Aventura, FL 33180

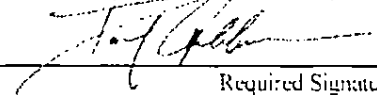
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

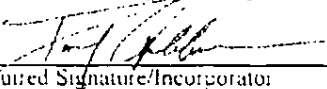
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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:*

 \_\_\_\_\_ May 8, 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.*

 \_\_\_\_\_ May 8, 2024  
Required Signature/Incorporator Date