2000038205

| (Requestor's N | Name) |
|--------------------------------------|--------------------|
| (Address) | |
| (Address) | |
| (City/State/Zip | /Phone #) |
| . PICK-UP W | AIT MAIL |
| (Business Ent | ity Name) |
| (Document No | umber) |
| Certified Copies Cert | ificates of Status |
| Special Instructions to Filing Offic | cer |
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| Office U | Jse Only |

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RECEIVED

CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 06/05/24 Order #: 1525531-2

Re: DriveSmart Florida Administration Inc.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

120000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

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

646-821-6886

mblock@mjblocklaw.com

| SUBJECT: Dri | iveSmart Florida Administration Ir | nç. | | | | | |
|---|------------------------------------|---------------------------------|------------------|--|--|--|--|
| (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) | | | | | | | |
| | | | | | | | |
| Enclosed are an | original and one (1) copy of th | e articles of incorporation and | a check for: | | | | |
| | | | • | | | | |
| □ \$70.0 | 00 □ \$78.75 | □ \$78.75 | □ \$87.50 | | | | |
| Filing F | ee Filing Fee | Filing Fee | Filing Fee, | | | | |
| | & Certificate of Status | & Certified Copy | | | | | |
| | | | & Certificate of | | | | |
| | | | Status | | | | |
| ADDITIONAL COPY REQUIRED | | | | | | | |
| | | <u> </u> | | | | | |
| | | | | | | | |
| Marc Jonas Block of The Law Offices of Marc Jonas Block, PC | | | | | | | |
| FROM: | | | | | | | |
| Name (Printed or typed) | | | | | | | |
| | 40 River Road, Suite 19H | | | | | | |
| | Address | | | | | | |
| | Address | | | | | | |
| | New York, New York 10044 | | 25 e | | | | |
| New York, New York 10044 City, State & Zip | | | | | | | |

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

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

| Principal street address | | Mailing address, if different is: | |
|--|---|--|--|
| 0 Main Street, Suite 7 | | | |
| n River, NJ 08753 | - | | |
| FICLE III PURPOSE purpose for which the corporation is organized y be organized under the laws of Florida. | d is: | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TICLE IV SHARES 1,000,000 number of shares of stock is: | | | |
| number of shares of stock is: | | | |
| number of shares of stock is: 1,000,000 | <u> DIRECTORS</u> | 202 1.* | |
| number of shares of stock is: | Name and Title: | 2024 Ji | |
| number of shares of stock is: | <u> DIRECTORS</u> | i Juli | |
| number of shares of stock is: | Name and Title: | 2024 1111 -5 | |
| number of shares of stock is: | Name and Title: | - HUFT | |
| number of shares of stock is: | Name and Title: | 1.1. 5- Jij | |
| number of shares of stock is: | Name and Title: | 17011 -5 hil 9: 4 | |
| number of shares of stock is: | Name and Title: Address: Name and Title: | 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | |
| number of shares of stock is: | Name and Title: Address: Name and Title: Address: Address: | 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | |
| Name and Title: Address Address Address | Name and Title: Address: Name and Title: Address: Address: | 1JUII -5 hill 9: 1,7 | |
| Name and Title: Address Address Address | Name and Title: Address: Name and Title: Address: Address: | 13011-5 hill 9: 1,7 | |
| Name and Title: Address Name and Title: Address Name and Title: | Name and Title: Address: Name and Title: Address: Name and Title: Address: | 13011-5 hill 9: 4:7 | |

| Name ar | nd Title: | Name and Title: | |
|--|---|---|---------------------------------|
| Address | 5 | Address: | |
| | | | |
| | REGISTERED AGENT | | |
| The <u>name and F</u> | lorida street address (P.O. Box NOT acceptabl | e) of the registered agent is: | |
| Name: | Corporation Service Company | | |
| Address: | 1201 Hays Street | | |
| | Tallahassee, FL 32301 | | |
| <u>ARTICLE VII</u> | INCORPORATOR | | |
| The name and ac | ddress of the Incorporator is: | | |
| Name: | Marc Jonas Block | | |
| Address: | 40 River Road, Suite 19H | | |
| | New York, New York 10044 | <u></u> | |
| Effective date, if | EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and ca | . (OPTIONAL) nnot be more than five days pri | or or 90 days affer the |
| | inserted in this block does not meet the application of State's reco | | |
| Having been nan certificate, I am f | ned as registered agent to accept service of proce amiliar with and accept the appointment as regi | iss for the above stated corporation istered agent and agree to act in th | at the place designated in thi. |
| | Required Signature/Registered Agent | - | Date |
| | ument and affirm that the facts stated herein Department of State constitutes a third degree fo | | |
| Ma | irc Block | | 06/04/2024 |
| Required Signatu | re/Incorporator | Date | · ——·· |