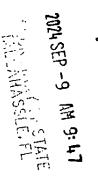
P24000057282

| | -70- | | |
|---------------------|-------|-------------------|-----------|
| | (Re | equestor's Name) | |
| | (Ad | dress) | <u> </u> |
| | | | |
| • | (Ad | dress) | |
| | (Cit | y/State/Zip/Phone | · #) |
| PICK- | UP | ☐ WAIT | MAIL |
| | /D:- | Single Falls No. | |
| | (Bu | siness Entity Nam | ne) |
| | (Do | cument Number) | |
| Certified Copies _ | | _ Certificates | of Status |
| Special Instruction | ns to | Filing Officer: | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



200433802682



2024 SEP -9 PM 3: 53

RECEIVED



Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 09/09/24 Order #: 1619254-1

Re: 95 Buonaventura South Beach, Inc.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$70.0 - FL State

12000000195

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

| SUBJECT: 95 | Buonaventura South Beach, Inc. | | |
|-----------------------|-------------------------------------|---------------------------------------|--|
| 30b)ECT | (PROPOSED CORPOR | ATE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| | | | |
| Enclosed are an | original and one (1) copy of the ar | ticles of incorporation and | l a check for: |
| □ \$70.0 Filing Fe | • | ☐ \$78.75 Filing Fee & Certified Copy | S87.50 Filing Fee Certified Copy & Certificate of Status |
| | | ADDITIONAL CO | OR |
| | | <u>L</u> | —————————————————————————————————————— |
| FROM: | | nc (Printed or typed) | |
| | | ie (Frinted or typed) | |
| | 8320 Melrose Avenue | Address | |
| | | Address | |
| | Los Angeles, California 90069 | | |
| | City | , State & Zip | |
| | (323) 951-0021 | | |
| | Daytime * | l'elephone number | |
| | s.meda@viviennewestwood.com | | |
| | E-mail address: (to be use | ed for future annual report n | iotification) |

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

TIME

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

| The name of the corporation shall be: | each, Inc. | | | |
|--|-----------------|-----------------------------------|--|--|
| ARTICLE II PRINCIPAL OFFICE | | | | |
| Principal <u>street</u> address 8320 Melrose Avenue | ~ | Mailing address, if different is: | | |
| B320 Melrose Avenue Los Angeles, California 90069 | | | | |
| | | | | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | | | | |
| which corporations may be incorporated under the laws of the | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | 2 | | |
| | | 24 SE TA | | |
| | | | | |
| ARTICLE IV SHARES 100 common share with no pa | r value | ا و جھ | | |
| The number of shares of stock is: | | SSET A F | | |
| | | | | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | | STATE E. FL | | |
| Name and Title: | Name and Title; | | | |
| Address | Address: | | | |
| | _ | | | |
| | _ | | | |
| Name and Title: | Name and Title: | | | |
| Address | Address: | | | |
| | | | | |
| | | | | |
| | | | | |
| Name and Title: | | | | |
| Address | Address: | | | |
| | _ | | | |
| | | | | |

| · | nd Title: | | |
|------------------------------|---|--|-----------------------|
| Addres | s | Address: | |
| | | | |
| | REGISTERED AGENT lorida street address (P.O. Box NOT accepta | able) of the registered agent is: | |
| Name: | Corporation Service Company | , | |
| Address: | 1201 Hays Street | | |
| | Tallahassee, FL 32301 | | |
| | | | |
| ARTICLE VII | <u>INCORPORATOR</u> | | |
| The name and a | ddress of the Incorporator is: | | ~ ~ |
| Name: | Sara Meda | | 2024 |
| Address: | 8320 Melrose Avenue | | 2024 SEP |
| | Los Angeles, California 90069 | | P-9 A |
| | | | |
| | EFFECTIVE DATE: | (007/01/11) | 9: FL STAI |
| (If an effective of filing.) | other than the date of filing:date is listed, the date must be specific and | cannot be more than five days prior | |
| | e inserted in this block does not meet the app effective date on the Department of State's re | | s date will not be li |
| | ned as registered agent to accept service of pro familiar with and accept the appointment as r | | |
| | Shauna Godboe | L | · |
| | Shauna Godbol | - | Date |
| | cument and affirm that the facts stated here | in are true. I am aware that the false i | information submit |
| | Department of State constitutes a third degree | | S. |