

P240W05740Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

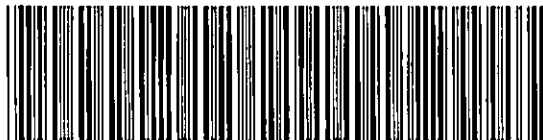
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 SEP 10 AM 9:17

STATE
TALAHUESSA, FL

RECEIVED

2024 SEP 10 PM 3:28

STATE
TALAHUESSA, FL
FLORIDA



CSC - Tallahassee
 1201 Hays Street
 Tallahassee, FL 32301-2607
 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
 From: Amanda Miller
 Ext: x62969
 Date: 09/10/24
 Order #: 1621259-1
 Re: Phitopolis (US), Inc.
 Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation
 Amount to be deducted from our State Account: \$78.75 - FL State Account Number:
 120000000195

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.

2024 SEP 10 AM 8:47
 TALLAHASSEE, FL
 FILED

COVER LETTER

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

SUBJECT: Phitopolis (US), 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

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FROM: Hasan Ehtisham
Name (Printed or typed)

11 Riverside Lane
Address

Holmdel, NJ, 07733
City, State & Zip

646-461-6239
Daytime Telephone number

hasan@phitopolis.com
E-mail address: (to be used for future annual report notification)

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

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: Phitopolis (US), Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1111 Brickell Avenue, Suite 1840
Miami, FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Research and development firm for financial services clients

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TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Krizel Mangana, CEO

Name and Title: Hasan Eltishan, Treasurer

Address One Maridien 27th Street
Suite 2610
Bonifacio, Manila, Philippines

Address: 11 Riverside Lane
Holmdel, NJ 07733

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Hasan Eltishan
Address: 11 Riverside Lane
Holmdel, NJ 07733

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DEPARTMENT OF STATE
TALLAHASSEE, FL


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



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.



Required Signature/Incorporator

Date

09/09/2024