9/24/24, 11:02 AM



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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## FLORIDA PROFIT/NON PROFIT CORPORATION

## Blanter Dang Inc.

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## ARTICLES OF INCORPORATION

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

From: Keity Toon

	all be:		
7 Cills Code Daines	OFFICE pal street address	Maili ————	ng address, if different is:
TICLE III PURPOSE purpose for which the corporate the laws of the	poration is organized is: to_enga	and the State of Flo	rida.
TICLE IV SHARES number of shares of stock is	s:_ <u>50</u>		
TICLE V INITIAL OFF	FICERS AND/OR DIRECTORS serly Donovan, CEO & Director	N American	
Name and Title: $\frac{\text{Kimb}}{1327}$ : Address	FICERS AND/OR DIRECTORS berly Donovan, CEO & Director Silk Oak Drive twood, FL 33021		
Name and Title: Kimb Address 1327	Silk Oak Drive wood, FL 33021	Address:	
Name and Title: Kimb Address 1327 Holly	Silk Oak Drive	Address:	
Name and Title:  Address  Holly  Name and Title:  Address	Silk Oak Drive wood, FL 33021	Address:  Name and Title:  Address:	

	i litte:	Name and Title:		
Address		Address:		
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) (	of the racic turned count is:		
Name:	C.T. Corporation System	—		
Address:	1200 South Pine Island Road Plantation.	_		
	FL 33324	_		
<u>ARTICLE VII</u>	NCORPORATOR			
The name and ad-	dress of the Incorporator is:			
Name:	Kimberly Donovan	_		
Address:	1327 Silk Oak Drive	_		
	Hollywood, FL 33021	<u></u>		
Effective date, if a	EFFECTIVE DATE: other than the date of filing:	. (OPTIONAL)		
		ot be more than five days prior or 90 days after the		
	inserted in this block does not meet the applicable fective date on the Department of State's records	e statutory filing requirements, this date will not be listed as		
	ed as registered agent to accept service of process, miliar with and accept the appointment as registe	for the above stated corporation at the place designated in thi red agent and agree to act in this capacity		
C 1 By:		tetne Kelm ant Secretary		
•	Required Signature/Registered Agent	Date		
	iment and affirm that the facts stated herein are epartment of State constitutes a third degree felor	r true. I am aware that the false information submitted in ny as provided for in s.817.155, F.S.		
	.,			
	Kimberly Donovan, Incorpor	Date 9/23/24		