

PR400061330

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Sensoree Corp.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

RECEIVED
2024 OCT -2 AM 11:29
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TALLAHASSEE, FL

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TALLAHASSEE, FL

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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: Sensoree Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 1100 Brickell Bay Drive Apt 75H, Miami, FL 33131. Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To sell sensory friendly clothing for sensory sensitive families.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daryl Sandak President, Address: 1100 Brickell Bay Drive Apt 75H, Miami, FL 33131. Name and Title: Address: Name and Title: Address: Name and Title: Address: Name and Title: Address:

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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: Daryl Sandak
Address: 1100 Brickell Bay Drive Apt 75H
Miami, FL, 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daryl Sandak
Address: 1100 Brickell Bay Drive Apt 75H
Miami, FL, 33131

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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:

Signed by: Daryl Sandak
Required Signature/Registered Agent
Date: 9/3/2024

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.

Signed by: Daryl Sandak
Required Signature/Incorporator
Date: 9/3/2024