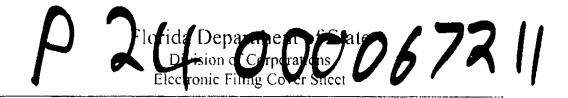
Division of Corporations

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Division of Corporations

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From:

Account Name : FILE RIGHT LLC
Account Number : I20170000091
Phone : (718)878-5811
Fax Number : (718)732-4580

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FLORIDA PROFIT/NON PROFIT CORPORATION MORDYYYY INC

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COVER LETTER

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

	RDYYYY INC					
SUBJECT.	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	ÜDE SUFFIX)			
Enclosed are an	original and one (1) copy of the arti	cles of incorporation and	l a check for:			
■ \$70.0 Filing Fe	0 □ \$78.75 e Filing Fee & Certificate of Status	& Certified Copy	Filing Fee, Certified Copy & Certificate of Status			
		ADDITIONAL CO	PY REQUIRED			
FROM:	FILE RIGHT LLC	(Printed or typed)				
	5314 6TH AVE, \$UITE 39					
Address						
	BROOKLYN, NY 11204					
•	City, State & Zip					
	718-878-5811					
-	Daytime Telephone number					
	sales@fileacorp.com					
-	E-mail address: (to be used	f for future annual report r	notification)			

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

To:

ARTICLES OF INCORPORATION

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

Principal street address		Mailing address, if different is.		
SHERIDAN STI	REET, SUITE 638	3389 SHERIDAN STREET, SUITE 638		
LYWOOD, FL 3	3021	HOLLYWOOD, FL 33021		
ICLE III PURF purpose for which	OSE the corporation is organized is:	FUE PURPOSE		
ICLE IV SHAR	RES 1000			
	f stock is: AL OFFICERS AND/OR DIRECTORS BEGINNING OF THE CONTROL OF THE CONTRO	F. Same and Title:		
number of shares o	f stock is: AL OFFICERS AND/OR DIRECTORS AUTHENTIC HOLDINGS CORP, OFFICE: 3389 SHERIDAN STREET, SUITE 638			
number of shares o ICLE V INTI Name and Tit	f stock is: AL OFFICERS AND/OR DIRECTORS BEGINNING OF THE CONTROL OF THE CONTRO	FRame and Title:		
number of shares of an and Tite Address	f stock is: AL OFFICERS AND/OR DIRECTORS Le: AUTHENTIC HOLDINGS CORP, OFFICE 3389 SHERIDAN STREET, SUITE 638 HOLLYWOOD, FL 33021	FRame and Title:		
number of shares of an and Tite Address	f stock is: AL OFFICERS AND/OR DIRECTORS Le: AUTHENTIC HOLDINGS CORP, OFFICE 3389 SHERIDAN STREET, SUITE 638 HOLLYWOOD, FL 33021	Name and Title:		
Name and Title Name and Title	f stock is: AL OFFICERS AND/OR DIRECTORS AUTHENTIC HOLDINGS CORP, OFFIC 3389 SHERIDAN STREET, SUITE 638 HOLLYWOOD, FL 33021	Name and Title: Address: Address:		
Name and Title Name and Title Address	AL OFFICERS AND/OR DIRECTORS AUTHENTIC HOLDINGS CORP, OFFICE 3389 SHERIDAN STREET, SUITE 638 HOLLYWOOD, FL 33021	Name and Title: Address: Address:		
Name and Title Name and Title Address	AL OFFICERS AND/OR DIRECTORS AUTHENTIC HOLDINGS CORP, OFFICE 3389 SHERIDAN STREET, SUITE 638 HOLLYWOOD, FL 33021	Name and Title: Address: Address: Name and Title: Address:		

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Name and	l Title:	Name and Title:	
Address		Address:	
		_	
	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	FILE RIGHT RA SERVICES LLC	,	
Address	625 E TWIGGS ST, STE 110		
	TAMPA, FL 33602		
	INCORPORATOR		
Name:	thress of the Incorporator is MARK FUCHS		
Address	1425-37TH STREET, SUITE 201	_	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	BROOKLYN, NY 11218		
Effective date, if	EFFECTIVE DATE: other than the date of filing:	(OPTIONA	L)
(If an effective defiting.)	ate is listed, the date must be specific and car	inot be more than five days	prior or 90 days after the
	inserted in this block does not meet the applica fective date on the Department of State's record		nts, this date will not be listed as
• • • • • • • • • • • • • • • • • • • •	ned as registered agent to accept service of proc om familiar with and accept the appointment as	•	
	/s/ Mark Fuchs, on behalf of File Righ	t RA Services LLC	10/30/2024
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein o Department of State constitutes a third degree fe		
	s/ Mark Fuchs		10/30/2024
Requir	red Signature/Incorporator		Date