

P 24000067211  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

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

**\*\*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  
MORDYYYY INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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**COVER LETTER**

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

**SUBJECT:** MORDYYYY 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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** FILE RIGHT LLC

Name (Printed or typed)

5314 16TH AVE, SUITE 139

Address

BROOKLYN, NY 11204

City, State & Zip

718-878-5811

Daytime Telephone number

sales@fileacorp.com

E-mail address: (to be used for future annual report notification)

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

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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: MORDYYYY INC

<u>ARTICLE II PRINCIPAL OFFICE</u> Principal <u>street</u> address	Mailing address, if different is.
3389 SHERIDAN STREET, SUITE 638	3389 SHERIDAN STREET, SUITE 638
HOLLYWOOD, FL 33021	HOLLYWOOD, FL 33021

ARTICLE III PURPOSE  
The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES  
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	AUTHENTIC HOLDINGS CORP. OFFICER	Name and Title:	
Address	3389 SHERIDAN STREET, SUITE 638	Address:	
	HOLLYWOOD, FL 33021		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		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:	FILE RIGHT RA SERVICES LLC
Address	625 E TWIGGS ST, STE 110
	TAMPA, FL 33602

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is

Name:	MARK FUCHS
Address	1425 37TH STREET, SUITE 201
	BROOKLYN, NY 11218

**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*

<u>/s/ Mark Fuchs, on behalf of File Right RA Services LLC</u>	<u>10/30/2024</u>
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.*

<u>/s/ Mark Fuchs</u>	<u>10/30/2024</u>
Required Signature/Incorporator	Date

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