

P24000067219
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
MACHLUF 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: MACILUF 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy 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: MACHLUF INC

ARTICLE II PRINCIPAL OFFICE	
Principal street 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 AGENTThe 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 INCORPORATORThe 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*

_____ /s/ Mark Fuchs, on behalf of File Right RA Services LLC Required Signature/Registered Agent	_____ 10/30/2024 Date
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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.

_____ /s/ Mark Fuchs Required Signature/Incorporator	_____ 10/30/2024 Date
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