

# P2400072233

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 : 120170000091  
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  
WAKS & CO INC.**

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

03/11/2016

102-11-2016

102-11-2016

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

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**COVER LETTER**

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

**SUBJECT:** WAKS & CO 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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TALLAHASSEE, FL

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

ARTICLE I NAME WAKS & CO INC.  
The name of the corporation shall be: \_\_\_\_\_

<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 ANY LAWFUL PURPOSE  
The purpose for which the corporation is organized is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	RAW AND AUTHENTIC INC. 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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CLERK OF DISTRICT COURT  
HALL COUNTY, FL

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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

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 DEPT OF STATE  
 TALLAHASSEE, FL

**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

\_\_\_\_\_  
 11/22/2024  
 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.*

\_\_\_\_\_  
 /s/ Mark Fuchs  
 Required Signature/Incorporator

\_\_\_\_\_  
 11/22/2024  
 Date

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