

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

1.9.25

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((H25000008956 3)))



H250000099563ABC2

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

From:
Account Name : RASI 5
Account Number : 120040000031
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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.****

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STATE OF FLORIDA
TALLAHASSEE

FLORIDA PROFIT/NON PROFIT CORPORATION
AG MIND FL CORP

| | |
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| Certificate of Status | 0 |
| Certified Copy | 0 |
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25 JAN -8 AM 12:37
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

ARTICLE I NAME AG MIND FL CORP
The name of the corporation shall be:

| | |
|---------------------------------------|---------------------------------------|
| <u>ARTICLE II PRINCIPAL OFFICE</u> | |
| Principal <u>street</u> address | Mailing address, if different is: |
| <u>450 N Federal Highway Apt 715N</u> | <u>450 N Federal Highway Apt 715N</u> |
| <u>Boyton Beach, FL 33435</u> | <u>Boyton Beach, FL 33435</u> |
| | |
| | |

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to engage in any lawful act or activity for
which corporations may be organized.

ARTICLE IV SHARES 200
The number of shares of stock is:

| | |
|----------------------------------------------------|-----------------------|
| <u>ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS</u> | |
| Name and Title: <u>Gabriela Gabbay- President</u> | Name and Title: _____ |
| Address <u>450 N Federal Highway Apt 715N</u> | Address: _____ |
| <u>Boyton Beach, FL 33435</u> | |
| | |
| Name and Title: _____ | Name and Title: _____ |
| Address _____ | Address: _____ |
| | |
| Name and Title: _____ | Name and Title: _____ |
| Address _____ | Address: _____ |
| | |

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CORPORATIONS

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: _____

Address: _____

Gabriela Gabbay

450 N Federal Highway Apt 715N

Boyton Beach, FL 33435

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: _____

Address: _____

Gabriela Gabbay

450 N Federal Highway Apt 715N

Boyton Beach, FL 33435

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 business days prior or 90 business 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.

If 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/ Gabriela Gabbay

Required Signature/Registered Agent

01/08/2025

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/ Gabriela Gabbay

Required Signature/Incorporator

01/08/2025

Date

FAX

Date: 01/08/2025

Pages including cover sheet: 6

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| To: | 8506176381@rcfax.com |
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| | |
| Phone | |
| Fax Phone | +18506176381 |

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|-----------|-----------------------|
| From: | Olive Judd, P.A. |
| | Olive Judd, P.A. |
| | 2426 E. Las Olas Blvd |
| | United States |
| | FL 33301 |
| | |
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