

**H2500006029**  
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  
BLIZZ INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

**FILED**

2025 JAN -3 PM 3:10

**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: BLIZZ 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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CLERK OF DISTRICT COURT  
HOLLYWOOD, 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

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CLERK OF COURT  
HILLSBORO COUNTY

**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*

\_\_\_\_\_  
/s/ Mark Fuchs, on behalf of File Right RA Services LLC  
Required Signature/Registered Agent  
02/03/2025  
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/ Mark Fuchs  
Required Signature/Incorporator  
02/03/2025  
Date

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