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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
PERFECTO USA INC.

Certificate of Status	1
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MS

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: PERFECTO USA INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

4669 AYLESFORD RD

PALM HARBOR , FL 34685

Mailing address, if different is:

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: 200 SHARES NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ITAMAR BEN ATAR,PRESIDENT

Address 4669 AYLESFORD RD

PALM HARBOR , FL 34685

Name and Title: YONATAN UZIEL BEN ATAR, VP

Address: 4669 AYLESFORD RD

PALM HARBOR, FL 34685

Name and Title: INON YOSEF BEN ATTAR, SECRETARY

Address 4669 AYLESFORD RD

PALM HARBOR , FL 34685

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

2025 MAR -5 PM 2:51

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: ITAMAR BEN ATAR

Address: 4669 AYLESFORD RD

PALM HARBOR , FL 34685

ARTICLE VII INCORPORATOR

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

Name: ITAMAR BEN ATAR

Address: 4669 AYLESFORD RD

PALM HARBOR , FL 34685

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/ ITAMAR BEN ATAR 02/28/2025

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.

/s/ ITAMAR BEN ATAR 02/28/2025

Required Signature/Incorporator Date

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