

P250000016010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

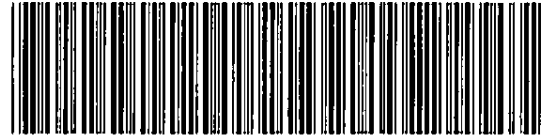
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2025 MAR 19 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2025 MAR 19 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
850.656.7953

REQUEST DATE 3/19/2025

PRIORITY Regular Approval

OUR REF. # (Order ID) 1360795

ORDER ENTITY

ADI BEN SHUSHAN CONSULTING INC

FILED
2025 MAR 19 PM 9:47
TALLAHASSEE, FL
STATE

PLEASE PERFORM THE FOLLOWING SERVICES:

ADI BEN SHUSHAN CONSULTING INC (FL)

New corp filing

NOTES:

\$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MB" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: Adi Ben Shushan Consulting Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3300 ne 192 st Unit 1112

Aventura ,FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting and marketing

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adi Ben Shushan, President

Name and Title: Adi Ben Shushan, CFO

Address: 3300 ne 192 st Unit 1112

Address: 3300 ne 192 st Unit 1112

Aventura ,FL 33180

Aventura ,FL 33180

Name and Title: Adi Ben Shushan, Secretary

Name and Title: Adi Ben Shushan, Director

Address: 3300 ne 192 st Unit 1112

Address: 3300 ne 192 st Unit 1112

Aventura ,FL 33180

Aventura ,FL 33180

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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2025 MAR 19 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FL

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: Adi Ben Shushan

Address: 3300 ne 192 st Unit 1112
Aventura ,FL 33180

ARTICLE VII INCORPORATOR

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

Name: Adi Ben Shushan

Address: 3300 ne 192 st Unit 1112
Aventura ,FL 33180

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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

Adi Ben Shushan
Required Signature/Registered Agent

3/18/25
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.

Adi Ben Shushan
Required Signature/Incorporator

3/18/25
Date