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Division of Corporations

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
Practice Wealth Partners Inc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Practice Wealth Partners Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address3800 South Ocean DriveHollywood, FL 33019

Mailing address, if different is:

3800 South Ocean DriveHollywood, FL 33019**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**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Revital Michaelov , PresidentAddress 81-04 Chevy Chase StJamaica, NY 11432Name and Title: Rodion Pinkhasov , CEOAddress: 2473 Eagle Run Drive WestWeston, FL 33327

Name and Title: _____

Address _____

Name and Title: _____

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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: Rodion Pinkhasov

Address: 2473 Eagle Run Drive West

Weston, FL 33327

ARTICLE VII INCORPORATOR

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

Name: Revital Michaelov

Address: 81-04 Chevy Chase St

Jamaica, NY 11432

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/ Rodion Pinkhasov

Required Signature/Registered Agent

4/8/2025

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/ Revital Michaelov

Required Signature/Incorporator

4/8/2025

Date

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