

P25000001473
 Florida Department of State
 Division of Corporations
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To:

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

From:

Account Name : REGISTERED AGENTS INC.
 Account Number : I20090000081
 Phone : (307)200-2803
 Fax Number : (813)436-5206

****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
TRADEscantia, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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 FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FL

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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: TRADEscantia, Inc.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

7901 4th St N STE 3007901 4th St N STE 300St. Petersburg, FL 33702St. Petersburg, FL 33702**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any lawful business**ARTICLE IV SHARES**The number of shares of stock is: 90**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Golan, Avri (DPST)Name and Title: Gul, Jacob (D)Address: 7901 4th St N STE 300
St. Petersburg, FL 33702Address: 7901 4th St N STE 300
St. Petersburg, FL 33702

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Registered Agents IncAddress: 7901 4th St N STE 300St. Petersburg, FL 33702**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Registered Agents IncAddress: 7901 4th St N STE 300St. Petersburg, FL 33702**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*J. David Roberts
Required Signature/Registered Agent12/19/2024

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.*R. L. ...
Required Signature/Incorporator

Date

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STATE
E, FL

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