

P25000001568

Florida Department of State

Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
TWOCANPLAY CORP

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

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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: TWOCANPLAY CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
11231 US HWY 1 #432
NORTH PALM BEACH
FL 33408Mailing address, if different is:
11231 US HWY 1 #432
NORTH PALM BEACH
FL 33408**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARESThe number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: YUVAL MADAR, DIRECTOR Name and Title: _____Address: 11231 US HWY 1 #432 Address: _____
NORTH PALM BEACH
FL 33408

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF DISTRICT COURT

DADE COUNTY, FL

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 AGENT SOLUTIONS, INC.Address: 2894 REMINGTON GREEN LN. STE. ATALLAHASSEE, FL 32308**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: YUVAL MADARAddress: 11231 US HWY 1 #432NORTH PALM BEACH, FL 33408**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/ Naomi Ostpowitz, Assistant Secretary on Behalf of Registered Agent Solutions, Inc. 1/2/2025
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/ YUVAL MADAR 1/2/2025
Required Signature/Incorporator Date**FILED**
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SECRETARY OF STATE
TALLAHASSEE, FL