

P2500006032
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : FILE RIGHT LLC
Account Number : 120170000091
Phone : (718)878-5811
Fax Number : (718)732-4580

****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
ICHAN INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

FILED

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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: ICHAN INC

ARTICLE II PRINCIPAL OFFICE
Principal street address

3389 SHERIDAN STREET, SUITE 638
HOLLYWOOD, FL 33021

Mailing address, if different is:

3389 SHERIDAN STREET, SUITE 638
HOLLYWOOD, FL 33021

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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AUTHENTIC HOLDINGS CORP. OFFICER

Address 3389 SHERIDAN STREET, SUITE 638
HOLLYWOOD, FL 33021

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT

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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: FILE RIGHT RA SERVICES LLC
Address: 625 E TWIGGS ST, STE 110
TAMPA, FL 33602

ARTICLE VII INCORPORATOR

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

Name: MARK FUCHS
Address: 1425 37TH STREET, SUITE 201
BROOKLYN, NY 11218

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DEPARTMENT OF STATE
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

_____ /s/ Mark Fuchs, on behalf of File Right RA Services LLC Required Signature/Registered Agent	_____ 02/03/2025 Date
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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/ Mark Fuchs Required Signature/Incorporator	_____ 02/03/2025 Date
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