

To:

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2005-02-04 10:26:09 GMT

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From: Mark Fuchs

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : FILE RIGHT LLC
Account Number : I20170000091
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
BRICKLET INC

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

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: BRICKLET INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3389 SHERIDAN STREET, SUITE 638

3389 SHERIDAN STREET, SUITE 638

HOLLYWOOD, FL 33021

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, MGRM

Name and Title:

Address 3389 SHERIDAN STREET, SUITE 638

Address:

HOLLYWOOD, FL 33021

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

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

2025 FEB 4 AM 1:45
TAMPA

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

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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