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Division of Corporations
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CORPORATIONS
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FLORIDA PROFIT/NON PROFIT CORPORATION

Winstoning Inc.

Certificate of Status	0
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T. SCOTT

MAY 13 2022

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Winstoning Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

15901 Collins Avenue Unit 370315901 Collins Avenue Unit 3703Sunny Isles Beach, Florida 33160Sunny Isles Beach, Florida 33160**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: CONSULTING/ RESALE**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: STEPHANIE KUVYKIN, DIRECTOR

Name and Title: _____

Address 15901 COLLINS AVENUE UNIT 3703

Address: _____

SUNNY ISLES BEACH, FLORIDA 33160

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: STEPHANIE KUVYKIN,
Address: 15901 COLLINS AVENUE UNIT 3703
SUNNY ISLES BEACH, FLORIDA 33160

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

Name: STEPHAN MONEREAU
Address: 100 WALL STREET STE 503
NEW YORK, NEW YORK 10005

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

Required Signature/Registered Agent
05/11/2022
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.

Required Signature/Incorporator
05/11/2022
Date