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| (Re | questor's Name) | <u> </u> |
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| (Add | dress) | |
| (Add | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | 1 |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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2021 HAR 12 (3110: 13

2021 MAR 12 AM 9: 55

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

| Principal street address 8 6 Mary tee Cove DC Tallahassee, FL 32304 | Mailing address, if different is: | |
|---|-----------------------------------|-------------|
| TICLE IV SHARES number of shares of stock is: | | 2021 MAR 12 |
| TICLE V INITIAL OFFICERS AND/OR DIRECTORS | | AH 9: 55 |
| Name and Title:Address | Address: | |
| Name and Title: | | |

| Name and Title: | | Name and Title: | |
|---|--|--|---|
| Address | | Address: | |
| _ | · | | |
| | | | |
| ARTICLE VI <u>REGIST</u> | ERED AGENT | | |
| The name and Florida str | eet address (P.O. Box NO | T acceptable) of the registered agent | is: |
| | vanetta Ro | •- | |
| | 86 Manatee | | |
| To | + llahasser, F | 32304 | |
| ARTICLE VII INCORI | <i>PORATOR</i> | | |
| The name and address of | the Incorporator is: | | |
| | Wanetla Rol | | |
| Address: | 386 Manate | e Cove Dr | |
| | Tallahassee | FL 32304 | |
| ARTICLE VIII - FFFF | CTIVE DATE: | 1 /2 | |
| Effective date, if other the | CTIVE DATE: an the date of filing: 3 | (OP) ecific and cannot be more than fiv | TONAL) e days prior or 90 days after t |
| filing.) | | | |
| Note: If the date inserted the document's effective | I in this block does not me date on the Department of | et the applicable statutory filing req State's records. | uirements, this date will not be l |
| Having been named as re | gistered agent to accept se | rvice of process for the above stated | corporation at the place designat |
| certificate, I am familiar | with and accept the appoin | ntment as registered agent and agree | 3/12/20 |
| - futini | Required Signature/Regi | stered Agent | Date |
| I submit this document | and affirm that the facts | stated herein are true. I am aware | that the false information subm |
| document to the Departn | gent of State constitutes a t | hird degree felony as provided for in | 18,817,133, F.S. |