

P21000083917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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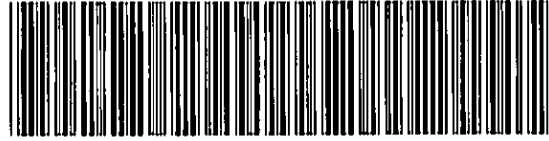
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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CORPORATION DIVISION
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

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- CERTIFIED COPY** _____
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- CUS** _____
- FILING** ARTICLES _____

- 1. 18678 NW 105 PLACE, CORP.
(CORPORATE NAME AND DOCUMENT #)
- 2. _____
(CORPORATE NAME AND DOCUMENT #)
- 3. _____
(CORPORATE NAME AND DOCUMENT #)
- 4. _____
(CORPORATE NAME AND DOCUMENT #)
- 5. _____
(CORPORATE NAME AND DOCUMENT #)
- 6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

**ARTICLES OF INCORPORATION
OF
18678 NW 105 PLACE, CORP.**

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ARTICLES OF INCORPORATION

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I. NAME

THE NAME OF THIS CORPORATION IS 18678 NW 105 PLACE, CORP.

(the "Corporation").

ARTICLE II. PRINCIPAL OFFICE

The street address of the principal office of the Corporation is: 11355 SW 67 Avenue, Pinecrest, FL 33156.

The mailing address of the principal office of the Corporation, if different, is: 11355 SW 67 Avenue, Pinecrest, FL 33156.

ARTICLE III. SHARES

The total number of shares of stock the Corporation is authorized to issue is One Thousand (1000) shares [with a par value of \$1.00 per share].

ARTICLE IV. PURPOSE

The purpose for which the corporation is organized is for any and all lawful purposes permitted in the State of Florida and the United States of America.

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title **Christopher Barrett, President**

Address ___ 11355 SW 67 Avenue, Pinecrest, FL 33156

ARTICLE VI. REGISTERED AGENT

Its registered office in the state of Florida is to be located at 11355 SW 67 Avenue, in the City of Pinecrest, County of Miami-Dade Zip Code 33156. The registered agent in charge thereof is Christopher Barrett.

ARTICLE VII. INCORPORATOR

The name and mailing address of the sole incorporator is as follows:

Name: Christopher Barrett

Mailing Address: 11355 SW 67 Avenue, Pinecrest, FL 33156

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.

BY: DocuSigned by:
Christopher Barrett (Signature of Registered Agent)
6003024167027460

NAME: Christopher Barrett

DATE: September , 2021

(type or print)

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 Florida Department of State constitutes a third degree felony as provided for in Fla. Stat. § 817.155.

BY: DocuSigned by:
Christopher Barrett (Incorporator)
6003024167027460

NAME: Christopher Barrett

DATE: September , 2021

2021 SEP 27 PM 3: 06
SECRETARY OF STATE
TALLAHASSEE, FL

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