

P18000056787

om 718897291.71889.742117 Jun 26 14:00:38 File MDT Page 1 of 6
Division of Corporations

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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

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DIVISION OF CORPORATIONS
10 JUN 26 PM 2:14

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
2018 JUN 26 PM 4:49
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA LIMITED LIABILITY CO.
18019 GUNN INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

C RICO
JUN 26 2018

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

ARTICLE I NAME 18019 GUNN INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:

12006 ROYCE WATERFORD CIRCLE 12006 ROYCE WATERFORD CIRCLE

TAMPA, FL. 33626 TAMPA, FL. 33626

ARTICLE III PURPOSE To transact any and all lawful activity for which a corporation may
The purpose for which the corporation is organized is: _____
be formed.

ARTICLE IV SHARES 1,000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: LORENZO MASTRANDREA - Director Name and Title: _____
Address: 12006 ROYCE WATERFORD CIRCLE Address: _____
TAMPA, FL. 33626 _____

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 AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LORENZO MASTRANDREA

Address: 12006 ROYCE WATERFORD CIRCLE
TAMPA, FL. 33626

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LORENZO MASTRANDREA

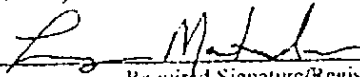
Address: 12006 ROYCE WATERFORD CIRCLE
TAMPA, FL. 33626

ARTICLE VIII EFFECTIVE DATE:

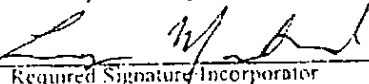
Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 06/26/2018
Required Signature/Registered Agent 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.

 06/28/2018
Required Signature/Incorporator Date