

Division of Corporations

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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 : BOND, SCHOENECK & KING, PLLC
Account Number : 120010000122
Phone : (239)659-3800
Fax Number : (239)659-3812

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

Email Address: RHowarth@icloud.com

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FLORIDA PROFIT/NON PROFIT CORPORATION
Growth Mass II, Inc.

Table with 2 columns: Item and Value. Rows include Certificate of Status (1), Certified Copy (0), Page Count (02), and Estimated Charge (\$78.75).

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

ARTICLE I NAME Growth Mass II, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
9849 Montiano Drive _____
Naples, FL 34113 _____

ARTICLE III PURPOSE Any and all lawful business
The purpose for which the corporation is organized is: _____

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Pamela Howarth, Director / President	Name and Title:	Robert Howarth, Director/VP/Treas/Sec
Address	9849 Montiano Drive	Address:	9849 Montiano Drive
	Naples, FL 34113		Naples, FL 34113
	_____		_____

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: C. Neil Gregory

Address: 4001 Tamiami Trail N., Suite 105

Naples, FL 34103

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: C. Neil Gregory

Address: 4001 Tamiami Trail N., Suite 105

Naples, FL 34103

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 assist in 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

_____ 4/2/2019
 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.

_____ 4/2/2019
 Required Signature/Incorporator Date

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