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COVER LETTER ...

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Hantic Tool	5 INC RATE NAME - MUST INCL		
	(PROPOSED CORPO	RATË NAME – <u>MÜST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an orig	ginal and one (1) copy of the	articles of incorporation and	lacheck for:	
S70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certified Copy & Certificate of Status	
		ADDITIONAL CO	ADDITIONAL COPY REQUIRED	
FROM:	Amy Zazi	Mc (Printed or typed)		
<u></u>	1006 Nation	<u> Address</u>	Dr.	
	Plant City	FL 33563 ty, State & Zip		
	813. 753. (Daytime	ی کی ک e Telephone number		
- K	A+ lantictools E-mail address: (to be a	SINC QUANCE SENT SENT SENT SENT SENT SENT SENT SEN	ootification)	

NOTE: Please provide the original and one copy of the articles.

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

Mailing addres	s, if different is:	
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		-
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	19 JUL 17	
1 Kame and Title:	SK 9: 00	- -
Address:		
Name and Title:Address:		
	Porations r OF Alorida Name and Title: Name and Title: Address: Name and Title:	Name and Title: Address: Name and Title: Address:

Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acc	ceptable) of the registered agent is:	
Name: AMY Zazulia		
Address: 2006 National 6		# 5
Plant City FL 3		
<u> </u>	<u>- J</u>	JUL 17 A
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
Name: AMU Zazulia.		00
Address: 20010 Nationa	al Avard Dr.	
Plant City Fl	<u> 335</u> 63	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: Sept. (If an effective date is listed, the date must be specific filing.)	23,2019 (OPTIONAL) and cannot be more than five days prior	or 90 days after the
Note: If the date inserted in this block does not meet the the document's effective date on the Department of State		is date will not be listed as
Having been named as registered agent to accept service this certificate. Lam familiar with and accept the appoint.	of process for the above stated corporation ment as registered agent and agree to act in	n at the place designated in this capacity
X Required Signature/Registered	Agent	7/16/19 Date
I submit this document and affirm that the facts stated.		information submitted in a
document to the Department of State constitutes a third d	egree felony as provided for in s.817.155, I	E.S.
Reduced Signature/Incomparator		7/16/19
Required Signature/Incorporator		Date