

P22000043004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

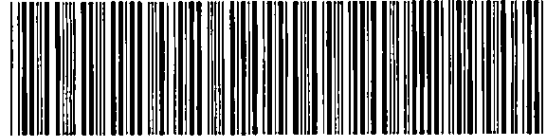
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUN -2 PM 2: 5

SECRETARY OF STATE
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 6/2/2022

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1043026

ORDER ENTITY
1127 INC

PLEASE PERFORM THE FOLLOWING SERVICES:

1127 INC (FL)

Please file the attached articles and provide a certified copy.

NOTES:

\$78.75 Authorized
Email address for annual report reminders: lo3434llc@gmail.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

ARTICLE I NAME

The name of the corporation shall be: 1127 Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
2906 Sylvan ave
Orlando FL 32806

Mailing address, if different is:
2906 Sylvan ave
Orlando FL 32800

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Coffee shops

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ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susan Lo President, Secretary, Treasurer, Director Name and Title: _____

Address 2906 Sylvan Ave Address: _____
Orlando FL 32806 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Susan Lo

Address: 2906 Sylvan Ave

Orlando FL 32806

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Sapphire McFarland

Address: 7801 Folsom Blvd Ste 202

Sacramento CA 95826

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TALLAHASSEE, FL

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.)

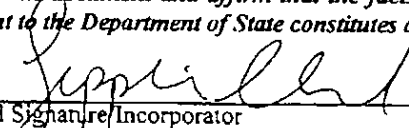
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Susan Lo
Required Signature/Registered Agent

06/02/2022
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.


Required Signature/Incorporator

06/02/2022
Date