

P24000030126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

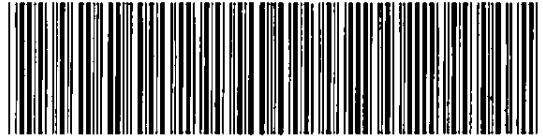
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**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: Neon Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

401 E Las Olas Blvd  
STE 130-397  
Fort Lauderdale, FL 33301

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Management company overseeing production and distribution of beverage  
and other consumable products.

**ARTICLE IV SHARES**

The number of shares of stock is: 16500000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dakota Bea CEO Name and Title: \_\_\_\_\_

Address 401 E Las Olas Blvd Address: \_\_\_\_\_

STE 130-397 \_\_\_\_\_

Fort Lauderdale, FL 33301 \_\_\_\_\_

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: Dakota Rea

Address: 401 E Las Olas Blvd STE 130-397

Fort Lauderdale, FL 33301

**ARTICLE VII INCORPORATOR**

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

Name: Dakota Rea

Address: 401 E Las Olas Blvd STE 130-397

Fort Lauderdale, FL 33301

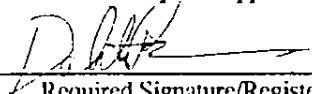
**ARTICLE VIII EFFECTIVE DATE:**

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*

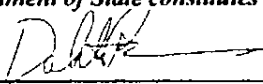


Required Signature/Registered Agent

04/18/2024

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

Date

04/18/2024

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