

FILED

Jan 18, 2024

Secretary of State

~~199711160 CC~~

SEE STATEMENT OF FACT DATED 1-19-2024

ST 1-19-24

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

60042261366

SIGNATURE: JEREMY SMITH

01/18/2024

Date _____

Title PRESIDENT, OWNER

Name SMITH, JEREMY

Address 8828 MEGAN LN

City-State-Zip: ORLANDO FL 32836

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears above or on an attachment with all other like empowered.

SIGNATURE: JEREMY SMITH

PRESIDENT/OWNER

01/18/2024

Date _____