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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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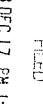


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COVER LETTER •

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

SUBJECT:	FLORIDA	Independ	ent Spirit	3 Assertion, Inc.
<u> </u>	(PROPOSED	CORPORATE NAME	- MUST INCLUDE SU	JFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

\$70.00 Filing Fee **\$78.75**

Filing Fee & Certificate of

Status

□\$78.75

¥ \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

7 allahausce, Focupe 32301

80- 421-9100 Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

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The name of	I NAME the corporation shall be:	FLORIDA INA	ependent Spirits	H330212700,2
ARTICLE			1	
	Principal street addres	·c·	Mailing address, if dif	ferent is a second of the seco
ć	210 South M.	DANG STREET	Walling address, it di	ferent is C
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	1 1 16 have, to	ZORIOA 52301		
				92
				Sall S
The purpose	III PURPOSE for which the corporation is	s organized is:	da Independen	+ SOIGITS
A	. L. T.	has been	da Independent	a educate
11 1 20 40	lation, Line	. Iks been	DISMITECA II	Olli
The	Public Ho	to Suppo	rt a Health	17 Michel
1 h	excepare.			
	<u>.</u>			
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				MIL
ARTICLE)	ECTION The manner in wh	nich the directors are elected and app	ointed: Ekcted by
the s	So Ard			
ARTICLE	V INITIAL OFFICE	ERS AND/OR DIRECTORS	S	
		7	-	
Name and T	itle: Kory Egges	, Thesident Name and	d Title: HENLY Tucker	, TACKDUNER
Address	231 Bland	Ac Blud. Address:	1122 S. Flon.	da Avene
	Drame Pack		Lakeland, f	
	Cimpe in in			<u> </u>
	T. D/	11/ /	1.1 11 11	<u> </u>
Name and T	itle: URY PATE	ILE TREMATIAME and	d Title: Andy Abernatha	, DIRECTOR
Address	7850 Lax	ZWILONKA, Address:	PO Box 593 ORLANDO, FLO	688
	DAYEN port.	FL 33896	ORLANDO, FZ.	RIDA 32659
	•			
	P. L	11 Lune toly	Mt. KI 1	1444
Name and T	itle: Catange And	Name and	d Title: Mike Kelley, D 255 Mikapele 574	D.L
Address	3/59 BKI	g Atmak CIRKUTESS:	a>5 /1/K/R/K	TAKKURY
	OKLANDO, FI	37837		•
			Fr. WALTON BEA	th, FL 32548
	-			-

Name and Title: Neal Simas, Dines	TOR Name and Title:_			
Address 750 % N. 15th St	Address:			
tomama City, F2 32	1401		 .	
				∂ ⊇
Name and Title:	Name and Title:			
Address	Address:			
			<u> </u>	
			<u> 왕</u> 제	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT	Γ acceptable) of the registe	red agent is: AKIKE YI	11 - Dissour	ر دو
Name: Scott DICK				
Address: 210 5. Monre	STACCE	In the exect of Corporation to be district	the Act	asich ac Grans:
Tallahousee, 1	532301	to organization	12 7 Similar	رديموردم
ARTICLE VII INCORPORATOR		as determined by	of the Kana	14 Director
The name and address of the Incorporator is:		STAND UNDER S	ection Sol	(C)(3) ext
Name: Ikhjen Wille	zshby_	the Internal to Lor the corres	venkade	\$ 1954
Address: 210 5 Monker	DMCT	any Ruture Unit	d States 1	ARIMI ENTINI
19/10/1435EC, 12	94301	HEVENUE HAW)	•	
Having been named as registered agent to accept se certificate, I amfamiliar with and accept the appoints	ervice of process for the o	above stated corporation at the	ne place designate	d in this
certificate, I amfumiliar wan acte if the appoint	nent as registereu agent a	na agree to act in inis capacity) 	
Required Signature of Regi	stered Agent		Date	
I submit this document and affirm that the facts state to the Defarment of State constitutes a third degree f			n submitted in a do	ocument
Make you // Illand	owny us provided for it s	10/	17/18	
Kequired Signature of	Incorporator		Date	•