

| (Requestor's Name)                      |      |
|---|------|
| (Address)                               |      |
| (Address)                               |      |
| (City/State/Zip/Phone #)                |      |
| PICK-UP WAIT                            | MAIL |
| (Business Entity Name)                  |      |
| (Document Number)                       |      |
| Certified Copies Certificates of Status | ·    |
| Special Instructions to Filing Officer: |      |
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Office Use Only



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## **COVER LETTER**

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

| inclosed is an original a | nd one (1) copy of the Ar                  | ticles of Incorporation and               | a check for:  |  |  |
|---------------------------|--|---|---|--|--|
| \$70.00 Filing Fee        | \$78.75 Filing Fee & Certificate of Status | \$78.75<br>Filing Fee<br>& Certified Copy | ■ \$87.50<br>Filing Fee,<br>Certified Copy<br>& Certificate |  |  |
|                           |  | ADDITIONAL CO                             | PPY REQUIRED  |  |  |
| FROM:                     | Anna Cam Fentriss                          | me (Printed or typed)                     | _   |  |  |
|                           | ard, Number 3-243                          | _   |   |  |  |
|                           |  |   |   |  |  |
|                           | City, State & Zip 850-222-2772             |   |   |  |  |

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

E-mail address: (to be used for future annual report notification)

## ARTICLES OF INCORPORATION

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

| ARTICLE II                                     | PRINCIPAL OFFICE  |  |  |     |
|--|---|--|--|-----|
| 4883   | Principal <u>street</u> address:<br>B Highgrove Road  | 153  | Mailing address, if different is: 32 U.S. Highway 41 Bypass South, Number 13 | 39  |
| Tall:  | ahassee Florida 32309   |  | nice Florida 34293   |     |
| The purpose f                                  |   |  | n and outreach on the value of Florida licensed                              |     |
| corporate enti                                 | ities or corporate shareholders.  |  |  |     |
| <u>.                                    </u>   |   |  |  |     |
|  |   |  |  |     |
|  |   |  |  |     |
|  |   |  |  |     |
|  |   |  | Deard annoing  |     |
| <u>-</u> -                                     |   |  | Board appoints are elected and appointed:                                    | mer |
| RTICLE V                                       | INITIAL OFFICERS AND/OR DIRE  | ECTORS   | Kuith Martin Director  | mer |
|  |   | ECTORS  Name and Title                                   | Kuith Martin Director  | mer |
| I <i>RTICLE V</i><br>Name and Tit              | INITIAL OFFICERS AND/OR DIRE  Boug Lindstrom, Director  | ECTORS   | Keith Martin, Director   | mer |
| I <i>RTICLE V</i> Name and Tit                 | INITIAL OFFICERS AND/OR DIRE  Doug Lindstrom, Director  3581 West McNab Road  | ECTORS  Name and Title                                   | Keith Martin, Director  215 Interstate Boulevard  Sarasota Florida 34240     | mer |
| RTICLE V Name and Titl                         | INITIAL OFFICERS AND/OR DIRE  Doug Lindstrom, Director  3581 West McNab Road  Pompano Beach Florida 33069  Paul Stehle, Director                                    | ECTORS  Name and Title Address:                          | Keith Martin, Director  215 Interstate Boulevard  Sarasota Florida 34240     | mer |
| Name and Titl Address                          | INITIAL OFFICERS AND/OR DIRE  Be: Doug Lindstrom, Director  3581 West McNab Road  Pompano Beach Florida 33069  Paul Stehle, Director                                | ECTORS  Name and Title Address:  Name and Title          | Keith Martin, Director  215 Interstate Boulevard  Sarasota Florida 34240     | mer |
| Name and Titl Address                          | INITIAL OFFICERS AND/OR DIRE  Doug Lindstrom, Director  3581 West McNab Road  Pompano Beach Florida 33069  Paul Stehle, Director  6441 19th Street East, Building B | ECTORS  Name and Title Address:                          | Keith Martin, Director  215 Interstate Boulevard  Sarasota Florida 34240     |     |
| Name and Title  Name and Title                 | INITIAL OFFICERS AND/OR DIRE  Be: Doug Lindstrom, Director  3581 West McNab Road  Pompano Beach Florida 33069  Paul Stehle, Director                                | ECTORS  Name and Title Address:  Name and Title          | Keith Martin, Director  215 Interstate Boulevard  Sarasota Florida 34240     |     |
| Name and Title  Name and Title  Name and Title | INITIAL OFFICERS AND/OR DIRE  Doug Lindstrom, Director  3581 West McNab Road  Pompano Beach Florida 33069  Paul Stehle, Director  6441 19th Street East, Building B | ECTORS  Name and Title Address:  Name and Title          | Keith Martin, Director  215 Interstate Boulevard  Sarasota Florida 34240     |     |
| Name and Titl<br>Address<br>Name and Titl      | INITIAL OFFICERS AND/OR DIRE  Doug Lindstrom, Director  3581 West McNab Road  Pompano Beach Florida 33069  Paul Stehle, Director  6441 19th Street East, Building B | Name and Title Address: Name and Title Address: Address: | Keith Martin, Director  215 Interstate Boulevard  Sarasota Florida 34240     |     |

| Name and Title:                        |  | Name and Title:  | <del></del>                |                  |
|--|--|--|----------------------------|------------------|
| Address _                              |  | Address:   |                            |                  |
| -                                      |  |  |                            |                  |
| Name and Title:                        |  | Name and Title:  |                            |                  |
| Address _                              |  | Address:   |                            |                  |
| -                                      |  |  |                            |                  |
| -                                      |  |  | 2016<br>5-7-               |                  |
|  | REGISTERED AGENT<br>lorida street address (P.O. Box NOT accept   | able) of the registered agent is:  | IB SEP                     |                  |
| Name:                                  | Anna Cam Fentriss  | asses a market succession of the succession of t | SEP 10 F                   | FILEU            |
| Address:                               | 4883 Highgrove Road  | <del></del>  | 79-<br>                    | ir.              |
|  | Tallahassee Florida 32309  |  | ر <b>ش .</b>               |                  |
| Name:                                  | Anna Cam Fentriss  |  |                            |                  |
| Name:                                  | Anna Cam Fentriss  |  |                            |                  |
| Address:                               | Tallaharan El 123213   |  |                            |                  |
|  | Tallahassee Florida 32312  | <u>.                                    </u>   |                            |                  |
| Effective date, if                     | EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and   | (OPTIONA   | L)                         |                  |
| Note: If the date document's effec     | inserted in this block does not meet the applitive date on the Department of State's record<br>med us registered agent to accept service of<br>familiar with and accept the appointment as i | icable statutory filing requirements.  Process for the above stated con  | nts, this date will not be | listed as the    |
| Maa                                    | Chu Fallin   |  | 9-10-18                    |                  |
| 10000                                  | Required Signature of Registered A   | gent   | Date                       |                  |
| I submit this doci<br>to the Departmen | ument and affirm that the facts stated herein<br>at of Stote constitutes a third degree felony as  | are true. I am aware that any fa<br>provided for in s.817.155, F.S.  | lse information submitte   | ed in a document |
| Oliva                                  | Can Tanlein  |  | 9-10-18                    |                  |
|  | Required Signature of Incorpo  | rator  | Date                       |                  |