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## Iorida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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From:

Account Name : NRAI SERVICES, LLC

Account Number: I20080000104 Phone : (302)674-4089

Fax Number : (302)674-5266

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Email Address: shellytygielski@gmail.com

## FLORIDA PROFIT/NON PROFIT CORPORATION

Pandemic of Love, Inc.

Certificate of Status	0
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May 29, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NRAI SERVICES, LLC

SUBJECT: PANDEMIC OF LOVE, INC

REF: W20000052587

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## H20000159240 3

## ARTICLES OF INCORPORATION

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

Pandemic of Leation shall be:  CIPAL OFFICE  ipal street address: Terrace  Point, FL 33064  POSE the corporation is organized is: ation to provide aid to those in	Mailing address, if different 2831 NE 21 Terrace  Lighthouse Point, FL 33064	
Point, FL 33064  Pose the corporation is organized is:	2831 NE 21 Terrace  Lighthouse Point, FL 33064	
POSE the corporation is organized is:		
the corporation is organized is:		<del></del> -
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AL OFFICERS AND/OR DIRE	<u>CTORS</u>	20 HAY 29
	Name and Title:	<del></del>
	Address:	——————————————————————————————————————
	Name and Title:	_ <del></del> _
	Address:	
	Name and Title	
		<del></del>
	& AL OFFICERS AND/OR DIRE  Sitton Tygielski, Director IE 21 Terrace  buse Point, FL 33064	Sitton Tygielski, Director  Name and Title:  Description    Name and Title:  Name and Title:  Name and Title:

Name and Title:	·	_ Name and Title:_		
Address		Add <del>re</del> ss:		
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Name and Title		Name and Title:	·	
Address		Address:		
	<u>REGISTERED AGENT</u> Floridg street a <u>ddress</u> (P.O. Box NOT acc	eptable) of the register	red agent is:	
Name:	NRAI Services, LLC		J	
Address:	1200 South Pine Island Road	<del></del>		201
	Plantation, FL 33324		•	0.0 Agit
	INCORPORATOR  address of the Incorporator is:			1 FE 1
Name:	Shelly Sitton Tygielski	<del></del>	•	r er
Address:	2831 NE 21 Terrace Lighthouse Point, FL 33064			
Effective date, i	EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific:	and cannot be more	(OPTIONAL) than five days prior or 90	days after the filing.)
	te inserted in this block does not meet the sctive date on the Department of State's re		iling requirements, this date	will not be listed as the
NRAI Se	ned as registered agent to accept service of pro- beniliar with and accept the appointment as regi- xvices, LLC Services of Registered Agen- Required Signature of Registered Agen- parts and affirm that the facts stated herein are	istered agent and agree b	o act to this capacity  5/20/202  Detc	<u>o_</u>
the Department	State constitutes a third degree felony as provided in the second	ided for in ±817.155, P.S	5/2(e/28	
0	Shelly Sitton Tygielski	<del>-</del> .		