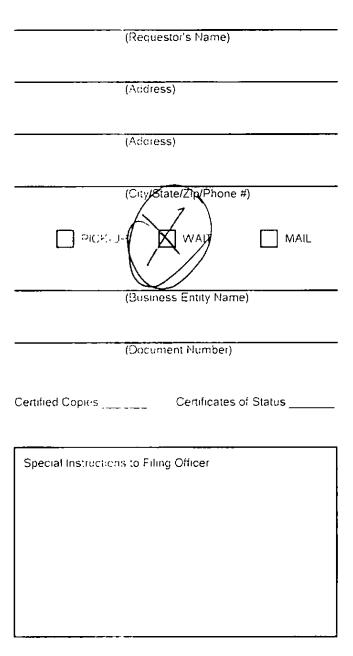
## N2100000 3043

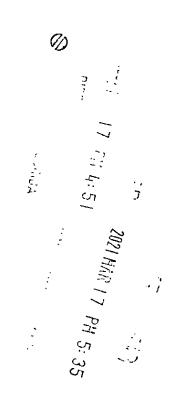


Office Use Only



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## **COVER LETTER**

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

SUBJECT:	INTERNATIONAL MASTERMIND ASSOCI	ATION,
	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)	INC

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

Filing Fee

& Certified Copy

**≱**\$87.50

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: AND MCNEILL
Name (Printed or typed)

1450 N. mmgonia Dr.

Mes [ Palm Beach)

Daring Tolerhone number

Daytime Telephone number

IMAMASTER MINDERS @ 9 MAIL, Comy E-mail address: (to be used for future annual report notification)

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

## ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporation shall be:	UNTIMA	L MASTERMINI	) AssociATI
ARTICLE II PRINCIPAL OFFICE			INC
Principal <u>street</u> address:  1450 N. MANGONIA  WEST Palm Boa	la l	Mailing address, if different is:	
- · · · · · · · · · · · · · · · · · · ·			<del></del>
FC 3340			
ARTICLE III PURPOSE  The authors for which the corporation is organized is:			
The purpose for which the corporation is organized is:	oun TABIL	177	
ARTICLE IV MANNER OF ELECTION The mann	er in which the director	s are elected and appointed:	the by laws
ARTICLE V INITIAL OFFICERS AND/OR DIRECT			-
Name and Title: AN MCNE, LL	Name and Title:		
Address /450N. MAM 90NIA			<del></del>
West Palm Bea F2 33	1101	:	202
Name and Title:	Name and Title:	<del></del>	2021 MAR 1
Address	Address:		_ ~
			Pii 5.
Name and Title:			— स्त्र —
Address			

Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acce	entable) of the registered agent is:
Name: AWN MCNEILL	
Address: 1450 N. MAN	Igonia Dr.
West PARM B	1gonia Dr. Boch, Fr. 33401
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:	
Name: ANN MCNEILL	<u>-</u>
Address: 1450 N. Mang	onia lov. Pach, Fr. 33401
West PALM BE	Pach, Fr. 33401
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing:  (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 re	cords.
Having been named as registered agent to accept service	e of process for the above stated corporation at the place designated in this
certificate, I am familiar with and accept the appointment	
Required Signature of Registere	ed Agent 17 MARCH 202
I submit this document and affirm that the facts stated her	ein are true. I am aware that any false information submitted in a document to
the Department of State constitutes a third degree letony a	
Required Signature of Inc	orporator 17 Mmch 2021