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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only

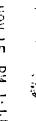


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COVER LETTER

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

| JECT: | (PROPOSED CORP | ORATE NAME – <u>MUST IN</u> | CLUDE SUFFIX) |
|-------------------------|--|--------------------------------------|--|
| losed is an original a | and 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 Filing Fee & Certified Copy | □ \$87.50 Filing Fee, Certified Copy & Certificate |
| | | ADDITIONAL COPY REQUIRED | |
| FROM: | Robert Fullerton | | |
| (ROW). | Na 755 Jameson Dr | ime (Printed or typed) | - - - - |
| | · · · · · · · · · · · · · · · · · · · | Address | |
| | Orange City, FL 32763 | City, State & Zip | - : : : : : : : : : : : : : : : : : : : |
| | DEA EO3 0730 | City, State & Zip | - - - - - - - |
| | 954-593-9638 | | |
| | | time 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)

| ARTICLE I The name of th | <u>NAME</u> the corporation shall be: | BUSINESS BUILDERS. | INC. | | | _ |
|--|---|-----------------------------|-----------------------------------|--------------|--------------|---------------------------------|
| | PRINCIPAL OFFICE | | | | | |
| Principal <u>street</u> address: 755 Jameson Dr | | | Mailing address, if different is: | | | |
| Oran | ge City, FL 32763 | | | | | |
| ARTICLE III The purpose for of the Internal | PURPOSE or which the corporation is organized Revenue Code. | Exclusively for Cha | ritable purposes within the me | aning of S | Section 50 | 01 (c) (3) |
| No part of the | net earnings of the corporation shall | inure to the benefit of, | or be distributable to its member | ers, trustec | s, officer | s or |
| other private p | persons, except that the corporation s | hall be authorized to pay | resaonable compensation for | services r | endered. | |
| - | olution of this organization, assets sh | | | | _ | Section |
| 501 c (3) of th | e Internal Revenue Code, or shall be | e distributed to the federa | al, state or load government, for | or public p | ourposes. | 5 |
| bylan ARTICLE V | JS. INITIAL OFFICERS AND/OR D | <u> DIRECTORS</u> | | 9 | 40N 1000 | |
| Name and Titl | Robert Fullerton, President | Name and Tit | Jacqueline Fullerton, VP | | L AON | 7 (97) 6 7 (97) 1 (17) |
| Address | 755 Jameson Dr | Address: | 755 Jameson Dr | <u>;</u> | | , Ji |
| | Orange City FL 32763 | | Orange City FL 32763 | : <u></u> | 11:1 Hd | 26 |
| Name and Titl | Jesse Fullerton, VP | Name and Tit | e: | | - | |
| Address | 755 Jameson Dr | Address: | C | | _ | |
| | Orange City FL 32763 | | | | | |
| Name and Titl | de: | Name and Tit | c: | | - | |
| Address | | Address: | | | | |
| | | | | | _ | |

| Name and Title | | Name and Title: | | _ |
|-------------------------------------|---|--|--|-------------------|
| Address | | | | |
| | | | | - |
| Name and Title | : | Name and Title: | | - |
| Address | | | | - |
| | | | | - |
| | <u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acce | ptable) of the registered agent is: | | |
| Name: | Robert Fullerton | | | |
| Address: | 755 Jameson Dr | | | |
| | Orange City FL 32763 | | Ð | 3 2 3 |
| ARTICLE VII The name and | INCORPORATOR address of the Incorporator is: | | | ¥0¥ • ₩0 ¥ |
| Name: | Robert Fullerton | | | <u></u> |
| Address: | 755 Jameson Dr. | | - | |
| | Orange City, FL 32763 | | <u>-</u> | |
| Effective date, i | EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific as | (OPTIO) | NAL) ays prior or 90 days afte | r the filing.) |
| | te inserted in this block does not meet the a active date on the Department of State's rec | | ments, this date will not b | e listed as the |
| Having been no certificate, I am | amed as registered agent to accept service familiar with and accept the appointment a | of process for the above stated s registered agent and agree to a | corporation at the place act in this capacity | designated in thi |
| | Robert Fullerton | | 1//12/ Date | 12021 |
| | Required Signature of Registered ROBERT FULL AJON | Agent | Date | , |
| I submit this do | cument and affirm that the facts stated here of State constitutes a third degree felony as | n are true. I am aware that any j | false information submitte | d in a document t |
| | Maker Fullation | | 11/12/ | 2021 |