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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



05/16/22--01008-01607*138.75



COVER LETTER

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

)<u>ivine</u> (PRO Briation SUBJECT: INCLUDE SUFFIX)

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

□ \$70.00 Filing Fee S78.75 Filing Fee & Certificate of Status □\$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Ubrico D Jones 1, Name (Printed or typed)

1260 Northlake Bluch

Calle Park, F1 33463

772-672-7247 Daytime Telephone number

<u>pleburstservices, com</u> ss: (to be used for future annual report notification)

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

	ARTICLES In compliance wit	S OF INCOR th Chapter 617, I				
<u>ARTICLE</u> The name of	<u>I NAME</u> of the corporation shall be:	Aspir	ations	Inc	·=·····	_
	II PRINCIPAL OFFICE	,				
le	Principal <u>street</u> address: 260 Northlake Blvd			g address, if diffe	rent is:	
	ake Park, FI 33403					
<u>ARTICLE</u> The purpos 	$\frac{III - PURPOSE}{C}$ is for which the corporation is organized is:) warsh	pand	praise	Carpha HAY 16	
					AH B. IL	
	<u>IV MANNER OF ELECTION</u> The manner MEAL and election b V INITIAL OFFICERS AND/OR DIRECT	by Mini			i 7	
		_	10 0) ,	
Name and	Tille President Derices D. 200					
Address	4612 Arthur st					
	film Beach Gardens, Fl			Beach, F		
	33418			>4		
Name and	Title: VP Angelita Torres	Name and Tit	10: VP. 5h	urmune	Williams	
Address	4612 Arthur st	Address:	197 5 Al	amanda	why_	
	Palm Beach Gardens, FI		_	Barch, FI	-	
	33418				j -	
Name and	Title:		le:			
Address						
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Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:
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<u>ARTICLE VI REGISTERED AGENT</u>

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:	eBuist Services Inc
Address:	1275 11.5 Huy 1 # 6081
	Vero Beach, FI 32960

<u>ARTICLE VII INCORPORATOR</u> The <u>name and address</u> of the incorporator is:

Name:	Jenco D Jono 1/
Address:	4612 Acthur st
	PBG, F1 33418

<u>ARTICLE VIII EFFECTIVE DATE:</u> Effective date, if other than the date of filing: <u>5/16/22</u>. (OPTIONAL) (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 records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature of Registered Agent

<u>5/16/22</u> Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature of Incorporator

5/16/22 Date