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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

SECRETARY OF STATE

D. O'KEEFE Jun 2 0 2022

## - COVER LETTER

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

SUBJECT:	BitJet Corp.
	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

S70.00 ☐ \$78.75 ☐ \$78.75 ☐ \$87.50

Filing Fee & Filing Fee & Filing Fee, & Certificate of Status & Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM:	Steven George
	Name (Printed or typed)
	1100 Halifax Medical Center Dr. Apt 1306
	Address
	Daytona Beach, FL, 32114
	City, State & Zip
	813-767-9597
	Daytime Telephone number
	bitjetcorppresident@gmail.com
	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 1	NAME orporation shall be: BitJet Corp.				
	PRINCIPAL OFFICE				
Principal <u>street</u> address: 7901 4th St N		110	Mailing address, if different is:  1100 Halifax Medical Center Drive		
STE 300		Apt	1306	_	
St. Pe	St. Petersburg FL 33702 Daytona Beach Florida 32114		tona Beach Florida 32114		
students dedica	ated to the betterment of humanity. This	service will be	d scholarships to student organizations and done through charitable donations, endowment stions in pursuit of futhering educationial		
	t of career level skills.				
ARTICLE IV		<u>DRS</u>	Steven George, Executive Director  1100 Halifax Medical Center Dr Apt 1306  Daytona Beach, FL, 32114		
Address	Derrick Tomberelli, Secretary  1100 Halifax Medical Center Dr Apt 1306  Daytona Beach, FL, 32114	_ Address: _	Jarrod Hitchcock, Treasurer  1100 Halifax Medical Center Dr Apt 1306  Daytona Beach, FL, 32114		
Name and Title:					
Address		_ Address: _			

Name and Title:		Name and Title:	<del>_</del>	
-				
		<u> </u>		
Name and Title:	<u> </u>	Name and Title:		
Address		Address:		
		<del></del>		
ARTICLE VI R	EGISTERED AGENT			
The name and Flor	ida street address (P.O. Box NOT accep	table) of the registered agent is:		
Name:	Registered Agents Inc.	_ <del></del>		
Address:	7901 4th St N STE 300			
	St. Petersburg FL 33702		<b>21</b>	•
			2022 HAY BLUALI BALLAHA	المضمة
	NCORPORATOR			
The name and add	ress of the Incorporator is:		26 ASS	<u></u>
Name:	Steven George		PR	
Address:	1100 Halifax Medical Center Dr. Ap	ot 1306	HAY 26 PM 4: 5	
	Daytona Beach, FL, 32114	<del>.</del>	56 800/	
ARTICLE VIII_I	EFFECTIVE DATE:	. (OPTIONAL)		
Effective date, if of (If an effective date)	ther than the date of filing: te is listed, the date must be specific an	d cannot be more than five days pri	or or 90 days after the fili	ing.)
Note: If the date i document's effecti	nserted in this block does not meet the ap we date on the Department of State's reco	oplicable statutory filing requirements, ords.	this date will not be listed a	as the
Having been nam	ed as registered agent to accept service miliar with and accept the appointment a	of process for the above stated corpo	ration at the place designation to	uted in this
certificate, I am ju	тиат жип ана ассері іне арротамся с	as region our agent and ag	5/6/2022	
Dec 1 Jane	Required Signature of Registered	I Agent	Date	_
I submit this docu	ment and affirm that the facts stated her of State constitutes a third degree felony	ein are true. I am aware that any false	e information submitted in a	ı documen
			5/6/2022	
	Required-Signature of Inco	rporator	Date	_