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

of New Port Richer

Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 **3** \$78.75 □ \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

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

Daytime Telephone number

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE 1 NAME The name of the corporation shall be:
The marke of the corporation shall be.
1
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: SSIO RIVET ROBL#201 NPR FL 34652
ARTICLE III PURPOSE The purpose for which the corporation is organized is:
E COMMETCE ARTICLE IV SHARES
The number of shares of stock is:
ARTICLE V INITIAL OFFICERS DIRECTORS The name(s) and address(es):
The name(s) and address(es): Awgelo Titico 1504 Ohio Ave Palmtlarbot FL346,
ARTICLE VI REGISTERED AGENT The name and Florida street address registered agent area.
The name and Florida street address registered agent are: ANGELO TINTED 5510 RIJET ROMAZOI NPR FL 34652 ARTICLE VII INCORPORATOR
ARTICLE VII INCORPORATOR The name and address of the Incorporator are:
Angelo Tirico SSIO River RQ#201 NPRFLIGHT?
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with
the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
Signature/Registered Agent Date
Q-13-200A
Signature/Incorporator Date