POOCOOOO317

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

SUBJECT:		(PROPOSED CORPORAT	TE NAME - MUST INCLU	DE SUFFIX)	in and the second se					
				10090341 ********	65161-01 .00 ***********************************					
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:										
\$70.0 Filing Fo		\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED						
FR	ROM:	Name (Pr	inted or typed)							
10707-66 ST. NO. SUITE (O) Address										
		727-541.	State & Zip State & Zip State & Ip	CRETAN OF STAT						

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

St 11/16

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)		-			
ARTICLE I NAME			-	-	
The name of the corporation shall be:					
THOMAS TITO, PA.			-	-	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		n. *	SEC	9	f
10707-66 ST. NO. SUTTE				ē n	4
PRIETINS PACK, PL 387	82		SS	ப ் 📜	· -
ARTICLE III PURPOSE		٠. ٠٠٠ سير	ر نے 🚉 🔻		
The purpose for which the corporation is organized is:	Tan .	32	F	ယ္	ب ا ن :
Francial Services Business	-			29	
ARTICLE IV SHARES The number of shares of stock is:		-	<u>.</u>		- <u>-</u>
(OO	_	J		. e	
ARTICLE V INITIAL OFFICERS DIRECTORS (option) The name(s) and address(es):	<u>al)</u>	-	**		to the second second
THOMAS TITO					<u>.</u>
10707-66 ST. No. Soute 10	·	-			
PINELLAS PAZICIFL 33782	<u>z</u> .			~-	
ARTICLE VI REGISTERED AGENT		:			±- +
The name and Florida street address of the registered agent is:			<u>.</u>		
THOMASTITO			-	i	1,5
10707-66 ST. No. SUITE 10 PINELLAS PAILLIFL 33782	-		1 = 1	-	. · · · · · · · · · · · · · · · · · · ·
ARTICLE VII INCORPORATOR					÷
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:			<u>_</u>		
Thomas Tito 10707-66 St. NO. Ste. 10					
Pinellas Part , FL. 33782					
Having been named as registered agent to accept service of process for the above s	stated corne	ration at the	nlass di.	******** atad in thic	n
certificate, I am familiar with and accept the appointment as registered agent and a	gree to act i	n this capaci	ty	uicu in inis	·
thomas I. P.		1/	_		
Signature/Registered Agent	: · · · · · · · · · · · · · · · · · · ·	((_(<u>\</u>	-00	<u>.</u>	· , (
		Date			
thomas Ista		11_18 -	. ^^		
Signature/Incorporator		1(-10 - Date	<u> ب ر</u>	_ <u></u>	- 27