## Pod-oolid-Sd

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

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SUBJECT:	James (orac	Nec	NC.	
•	(Proposed corpor	rate namé - mus		OCT 17 PM 12 CRETARY OF S
\$70.00 Filing Fee	\$20\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing I & Certifi	Fee ed Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUIRED
FROM:	536 Rh	rinted or typed  Address	DR.	
	386-9	State & Zip  956-1 Telephone num	3276 365 ber	20

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

9/6/18

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME
The name of the corporation shall be:
The name of the corporation shall be:  Tames Groover, Inc.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  536 Rhodes Drive  DeLand, FL 32-720
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1,000
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Tomas Groover
James Groover 536 Rhodes Drive
DeLand, FL 32720
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
James Groover
Carnes Orearci
534 Rhodes Drive
DeLand, FL 32720
<u>dQ_CD</u>
Signature/Incorporator Date

(An additional article must be added if an effective date is requested.)

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 obligations of my position as registered agent

Signature/Registered Agent

Date