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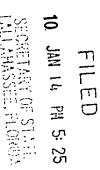
(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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## **COVER LETTER**

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

Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	JASMINE Name	(Printed or typed)		
2	450 S.W.	<u>Cameo</u>	BIVD.	
P	oft Saint L	State & Zip	FloRida	34953
Ć.	15H-92H-	MUD8		

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 I *NAME* The name of the corporation shall be: Disposable Inc. ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 5100 Jorida 34953 The purpose for which the corporation is organized is: ARTICLE IV The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Saint Lucie FL 34953 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: **INCORPORATOR** The **name and address** of the Incorporator is: 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

Signature/Registered Agent

Signature/Incorporator