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J. Shwers NUG 12 2019

COVER LETTER

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		. <u> </u>	· · · · · · · · · · · · · · · · · · ·	
losed are ar	n original and one (1) copy of the artic	cles of incorporation an	d a check for:	.
₹70.00 Filing F	Fee \$78.75 Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	
FROM	ı: Howard Mofsen		5 ,7	
	Name	(Printed or typed)		
	9728 W. Sample Rd		1907 mg	i G
	A	ddress		_
•			A	
	Coral Springs, FL 33065) State & Zip	· G	
			च्चा जाता । जाता चार्चा का	12
	954 753-3545	elephone number		

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II	PRINCIPAL OFFICE						
	Principal street address		Ma	iling addr	ess, if dif	ferent is:	
	3701 NW 124 Avenue						
	Coral Springs, FL 33065	_					
•	·	. –					
ARTICLE III	PURPOSE		•		•		
The purpose for	which the corporation is organized is:			,			
All legal pur	rposes.						
•							• •
ARTICLE IV				•			
The number of si	hares of stock isone thousand						
ADTICI'E U	INITIAL OFFICERS AND/OR DIRECTO	DC					
	Title: L. Kyle Berge		nd Title:				
Address:		Address			•		
•	Coral Springs, FL 33065						
			_				
N	Title:		1.00%				
Name and Address:	Title;	Name as		•	•		
Addiess.		Address	•				
,							
Name and Address:	Title:			· · · · · · · · · · · · · · · · · · ·	· · · · ·		
Audress:		Address	· -			·····	·
		•	. —			·	
;		 .	· —	· ,	,	· ·	
ARTICLE VI	REGISTERED AGENT						
	Florida street address (P.O. Box NOT acceptable)	of the registe	red agent i	s:		200 mg	>
Name: Address:	Howard Mofsen 9728 W. Sample Rd	- '				2.5	ह्य
Addiess.	Coral Springs, FL 33065						. —
	was springs, i.e. www.	_				ony or	-
<u>ARTICLE VII</u>				•		30 (3)	-
	ddress of the Incorporator is:					Cal-ig Serien	- F
Name: Address:	L_Kyle Berge	_				(B)	شــ
Address:	3701 NW 124 Ave Coral Springs, FL 33065	_				Total .	\sim
	Cotal Springs, FL 33003	<u> </u>					
	med as registered agent to accept service of proce						esignated
this certificate, I	am familiar with and accept the appointment as re	gistered age	nt and agr	ee to act i	n this cap	acity	
_						2211	, .
•					8	-3-11	
	Required Signature/Registered Agent					Date	•

Required Signature/Incorporator.