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Florida Department of State
Division of Corporations
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To: Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
223 SHELL INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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223 SHELL INC

ATX1

ARTICLES OF INCORPORATION

In compliance with Chapter 807 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: 223 SHELL INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

7270 SW 89 STREET, UNIT 307C

MIAMI, FL 33156-8303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO TRANSACT ANY AND ALL BUSINESS PERMITTED

UNDER THE LAWS OF THE UNITED STATES OF AMERICA AND THE LAWS OF THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 500 Shares at \$1.00 per value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAX PLANES

Name and Title: MARTHA PLANES

Address: 7270 SW 89 STREET, UNIT 307C

Address: 7270 SW 89 STREET, UNIT 307C

MIAMI, FL 33156-8303

MIAMI, FL 33156-8303

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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223 SHELL INC

(cont.) ATX

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MAX PLANES
Address: 7270 SW 89 STREET, UNIT 307C
MIAMI, FL 33156-8303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MAX PLANES
Address: 7270 SW 89 STREET, UNIT 307C
MIAMI, FL 33156-8303

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


Required Signature/Registered Agent

01-22-15
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

01-22-15
Date

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