#754 P.001/003

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 Phone : (800)221-2972

Fax Number : (888)692-9256

**Enter the email address for this business entity to be used for fature annual report mailings. Enter only one email address please.* Email Address: FLORIDA PROFIT/NON PROFIT CORPORATION William E. Purdy, Inc.

Certificate of Status Certified Copy 0 Page Count 01 \$70.00 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help

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

TICLE II PRINCIPAL OFFICE Principal street address		Mailing add	lress, if different is:
South Ocean Blv	d., Unit 803		
derdale-by-the-sea,	,FL 33062		
ICLE III PURP	OSE the corporation is organized is:		
	es set forth and permitted under and Flori		
		,	
<u>.</u>		•,	***************************************
umber of shares of	stock is:	·	
number of shares of CLE V INITIA	Stock is: AL OFFICERS AND/OR DIRECTORS William Purdy, Director	Name and Title:	
ICLE IV SHAR number of shares of ICLE V INITIA Name and Title Address	AL OFFICERS AND/OR DIRECTORS William Purdy, Director 1460 South Ocean Blvd., Unit 803		Ās
number of shares of ICLE V INITIA Name and Title	Stock is: AL OFFICERS AND/OR DIRECTORS William Purdy, Director	Name and Title:	SEC!
number of shares of ICLE V INITIA Name and Title	AL OFFICERS AND/OR DIRECTORS William Purdy, Director 1460 South Ocean Blvd., Unit 803	Name and Title:	SECKETAS TALLAHASS
number of shares of ICLE V INITIA Name and Title Address	AL OFFICERS AND/OR DIRECTORS William Purdy, Director 1460 South Ocean Blvd., Unit 803	Name and Title:Address:	SECKETAS TO TALLLAHASSEE.
number of shares of ICLE V INITIA Name and Title Address	AL OFFICERS AND/OR DIRECTORS William Purdy, Director 1460 South Ocean Blvd., Unit 803 Lauderdale-by-the-sea, FL 33062	Name and Title: Address: Name and Title:	SECKETAS FOR STALLAHASSEE FLO
Name and Title Name and Title	AL OFFICERS AND/OR DIRECTORS William Purdy, Director 1460 South Ocean Blvd., Unit 803 Lauderdale-by-the-sea, FL 33062	Name and Title: Address: Name and Title:	SECKETAS TO TALLLAHASSEE.
Name and Title Name and Title	AL OFFICERS AND/OR DIRECTORS William Purdy, Director 1460 South Ocean Blvd., Unit 803 Lauderdale-by-the-sea, FL 33062	Name and Title: Address: Name and Title:	SECRETAST OF S A
Name and Title Name and Title Address	AL OFFICERS AND/OR DIRECTORS William Purdy, Director 1460 South Ocean Blvd., Unit 803 Lauderdale-by-the-sea, FL 33062	Name and Title: Address: Name and Title: Address:	SECRETAST OF STATE TALLAHASSEE, FLORIDA
Name and Title Name and Title Address	Stock is: AL OFFICERS AND/OR DIRECTORS William Purdy, Director 1460 South Ocean Blvd., Unit 803 Lauderdale-by-the-sea, FL 33062	Name and Title: Address: Name and Title: Address:	SECRETAST OF STATE TALLAHASSEE, FLORIDA

Name and Title:		Name and Title:		
Addres	s <u></u>	Address:		
		-		
•			·	
ADTICT E VI	REGISTERED AGENT			
	Forida street address (P.O. Box NOT acceptable	of the registered agent is:		
Name:	William Purdy			
Address:	1460 South Ocean Blvd., Unit 803	<u> </u>		
	Lauderdale-by-the-sea, FL 33062	_		
ARTICLE VII	INCORPORATOR	,		
i de <u>name and a</u>	ddress of the Incorporator is: William Purdy			
Name:	<u> </u>			
Address:	1460 South Ocean Blvd., Unit 803		TAL SE	
	Lauderdale-by-the-sea, FL 33062		CR JE	
			75 5	
	EFFECTIVE DATE:		SSE 27	
Effective date, if	other than the date of filing:	. (OPTIONAL)		
days after the fi	other than the date of filing:	Ent be more outh tive passing	S 5	
Note: If the date	e inserted in this block does not meet the applicab	le statutory filing requirements		
the document's	effective date on the Department of State's record	S.) On 6	
77		4 18 8 4 4	netous as the subsect declarated to	
this certificate, I	med as registered agent to accept service of proc am familiar with and accept the appointment as	ess for the above stated corport registered agent and agree to a	uton at the place designated in ct in this capacity	
			7/24/15	
***************************************	Required Signature/Registered Agent		Date	
I submit this doc	cument and affirm that the facts stated herein a	re true. I am aware that the fu	ilse information submitted in a	
	Department of State constitutes a third degree fel			
			7/2 3 /15	
Required Signature/Incorporator			Date	
	JASMINA KILOM			
5 (1)	otary Public, State of New York No. 01KI4899718			
{ }	Qualified in Queens County ministron Expires July 8, 2014			
Cor	Timission capito out of the property of the pr			
	X			