

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 : USACORP INC.
Account Number : I201300000919
Phone : (718) 362-4789
Fax Number : (718) 408-2550

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: therealtonybedard@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Charismachismo Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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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: Charismachismo Inc

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

Tony Bedard

4210 W San Pedro St.

Tampa, FL 33629

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Antony J. Bedard, President

Name and Title:

Address

4210 W San Pedro St.

Address:

Tampa, FL 33629

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Antony J. Bedard
Address: 4210 W San Pedro St.
Tampa, FL 33629

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Antony J. Bedard
Address: 4210 W San Pedro St.
Tampa, FL 33629

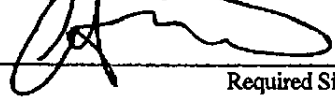
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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	<u>10-14-15</u> _____ Date
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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	<u>10-14-15</u> _____ Date
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