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COVER LETTER

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

SUBJECT:R	EFERHIRED (PROPOSED CORPORAT	INC.			
	(PROPOSED CORPORAT	ΓΕ'NÂME – <u>MUST INCLI</u>	UDE SUFFIX)		
Enclosed are an orig	inal 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		
	1 2 2 2 2 2 2				
	LAWRENCE Name				
TAMPA, FL 33611 City, State & Zip					
_	813 784 - Daytime Te	- 0 6 9 3 elephone number			
	E-mail address: (to be used	O A O L. for future annual report r	COM notification)		

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)

FILED

The name of the corp	oration shall be: REFERHIRI	ED IN CO. MAR 21 AM 7: 23
	NCIPAL OFFICE Principal street address	SECRETARY OF STATE TALL AHASSEE FLORIDA Mailing address, if different is:
3801 B	AVSHORE BLVD	Maning address, a different is.
TAMPA,	FL 33611	
ARTICLE III PUI	RPOSE sh the corneration is organized is: TD 6 ~ 9	Ace. i. a.
l D	th the corporation is organized is: To eng	
<u> IAWF</u>	ul activity	
ARTICLE IV SHA	ARES	
	of stock is: \ O O , O O O	
ARTICLE V INI	TIAL OFFICERS AND/OR DIRECTORS	
	Title: LAWRENCE ANEA love Name	and Title: NAVICE OSTROFF
	Director Addre	
Address		
	3801 Bayshere Blud	527 Liverpool Dr.
	TAMPA, FL 33611	CARTIFF, CALIF 92007
Name and T	itle: Jose WARD Name	and Title: Keith Bachman
Address	Mile CT OK Addre	ss: Director
	11814 TriadelphiaR	d 1600 Arch st #813
	Ellicott City, Md.	Phila, PA 19103
	\$2 ° ° =	and Title: Michael Steinerd
Address	<u>Mirector</u> Addre	
	2654 Cobbs Way	41 HARWOOD DR.
	PAlm HARbor, FL 3468	4 DANbury, CT. 06810
		·

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Name and Tit	le: ERIC WEILS	Name and Title:_	10 MAR 21 AM 7: 23
Address	Director	Address:	SECRETARY OF STATE TALLAHASSEE FLORIDA
	2131 Stillwater	<u>:</u> 4.	MALLAMASSEE FLORIDA
	Sykesville, MD. a	21784 _	
ARTICLE VI REG	ISTERED AGENT a street address (P.O. Box NOT acceptable)) of the registered agent	t is:
Name:	AWRENCE ANZAlon	e, ESQ	
Address: <u>3</u>	801 Bayshore Blu	<u>d</u>	
T	AMPA, FL 33611		
ARTICLE VII INC	<u>ORPORATOR</u>		
The name and addres	ss of the Incorporator is:		
Name:	LAWRENCE ANZAlo		
Address:	3801 BAYShore B	<u>,\</u> ud.	
,	TAMPA, FL 3361	<u></u>	
ARTICLE VIII EFE Effective date, if other (If an effective date it days after the filing.)	r than the date of filing:	(OPT	'IONAL) e business days prior or 90 business
	rted in this block does not meet the applicabive date on the Department of State's record		airements, this date will not be listed as
	as registered agent to accept service of proc amiliar with and accept the appointment as	registered agent and a	gree to act in this capacity
	Required Signature/Registered Agent	uce ANZAlon	$\frac{3/14/16}{Date}$
I submit this docume docume <u>nt to th</u> e Depa	nt and affirm that the facts stated herein a ritment of State constitutes a third degree fet	re true. I am aware ti	hat the false information submitted in a
Baller	LAW	RONCE ANZA	9 lone 3/14/16
required	Bignature/Incorporator		> Date