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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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FLORIDA PROFIT/NON PROFIT CORPORATION
IPOP, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
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SEP 21 2015

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: IPOP, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address16633 Narrows DriveJupiter, FL 33477

Mailing address, if different is:

16633 Narrows DriveJupiter, FL 33477**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Manufacturing**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Debra J. Leo, DirectorAddress 16633 Narrows DriveJupiter, FL 33477Name and Title: Debra J. Leo, PresidentAddress: 16633 Narrows DriveJupiter, FL 33477

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

16 SEP 20 AM 9:47

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Debra J. Leo
Address: 16633 Narrows Drive
Jupiter, FL 33477

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Debra J. Leo
Address: 16633 Narrows Drive
Jupiter, FL 33477

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

9/19/16

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

9/19/16

Date