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COVER LETTER

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

SUBJECT: TODDL	ER TIME, INC.		
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	PY REQUIRED
FROM:	ANNON R. GUNTER	e (Printed or typed)	
5010	0 SE 30TH COURT		
		Address	
oca	ALA, FL 34480		
	City	, State & Zip	
352	-671-5335		
	Daytime 1	Selephone number	
step	_by_stepsuccess@yahoo.com		
	E-mail address: (to be use	d for future annual report	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)

name of the corpo			
<u>ICLE II PRI</u>	NCIPAL OFFICE Principal <u>street</u> address	Mailing address, if different is:	
8 SW 61ST AVE	NUE, SUITE #3		
ALA, FL 34476			
TICLE III PUR purpose for whic	h the corporation is organized is:	ALL LAWFUL BUSINES	
			
			· · · · · · · · · · · · · · · · · · ·
	BEC		
TICLE IV SIIA number of shares	100		
number of shares	of stock is: <u> IAL OFFICERS AND/OR DIRECTORS</u>		
number of shares	of stock is: <u> "IAL OFFICERS AND/OR DIRECTORS"</u> SHANNON R. GUNTER, MANAGER		
number of shares	of stock is:	Name and Title:	
number of shares TICLE V INIT Name and T	of stock is: <u>TAL OFFICERS AND/OR DIRECTORS</u> itle: SHANNON R. GUNTER, MANAGER	Name and Title:	
number of shares TICLE V INIT Name and T	of stock is: TIAL OFFICERS AND/OR DIRECTORS SHANNON R. GUNTER, MANAGER 7558 SW 61ST AVENUE, SUITE #3	Name and Title:	
number of shares TICLE V INIT Name and T	of stock is: TIAL OFFICERS AND/OR DIRECTORS SHANNON R. GUNTER, MANAGER 7558 SW 61ST AVENUE, SUITE #3	Name and Title:	
number of shares FICLE V INIT Name and T Address	of stock is: TIAL OFFICERS AND/OR DIRECTORS SHANNON R. GUNTER, MANAGER 7558 SW 61ST AVENUE, SUITE #3	Name and Title: Address:	
number of shares FICLE V INIT Name and T Address	of stock is: FIAL OFFICERS AND/OR DIRECTORS SHANNON R. GUNTER, MANAGER 7558 SW 61ST AVENUE, SUITE #3 OCALA, FL 34476	Name and Title: Address: Name and Title:	5
Name and Ti	of stock is: FIAL OFFICERS AND/OR DIRECTORS itle: SHANNON R. GUNTER, MANAGER 7558 SW 61ST AVENUE, SUITE #3 OCALA, FL 34476	Name and Title: Address: Name and Title: Address:	15 007 - 5 AU 7
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Name and Ti	of stock is: FIAL OFFICERS AND/OR DIRECTORS itle: SHANNON R. GUNTER, MANAGER 7558 SW 61ST AVENUE, SUITE #3 OCALA, FL 34476	Name and Title: Address: Name and Title: Address:	15 OCT - 5 AL 7
Name and Ti Address Name and Ti Address	of stock is: FIAL OFFICERS AND/OR DIRECTORS itle: SHANNON R. GUNTER, MANAGER 7558 SW 61ST AVENUE, SUITE #3 OCALA, FL 34476	Name and Title: Address: Name and Title: Address:	15 PCT - 5 All 7: 5
Name and Ti Address Name and Ti Address	of stock is: FIAL OFFICERS AND/OR DIRECTORS SHANNON R. GUNTER, MANAGER 7558 SW 61ST AVENUE, SUITE #3 OCALA, FL 34476	Name and Title: Address: Name and Title: Address:	15 PCT - 5 All 7: 5

Name a	nd Title:	Name and Title:
Addres	s	Address:
	REGISTERED AGENT	•
The <u>name and F</u>	Torida street address (P.O. Box NOT acceptat	ole) of the registered agent is:
Name:	CT CORPORATION SYSTEM	
Address:	1200 S. PINE ISLAND ROAD	
	PLANTATION, FL 33324	
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	ddress of the Incorporator is:	
Name:	SHANNON R. GUNTER	
Address:	5010 SE 30TH COURT	
	OCALA, FL 34476	,
	EFFECTIVE DATE: other than the date of filing:	.(OPTIONAL)
	late is listed, the date must be specific and ca	annot be more than five business days prior or 90 business
	inserted in this block does not meet the applic ffective date on the Department of State's reco	cable statutory filing requirements, this date will not be listed as ords.
Washing busin was	wal A waterland again to land to me	ocess for the above stated corporation at the place designated in
this certificate, I	am similiar with and accept the appointment of	as registered agent and agree to act in this capacity Carline Smith
	Required Signature/Registered Agent	President & Assistant Secretary Date
		are true. I am aware that the false information submitted in a
accument to the	Department of State constitutes a third degree	elony as provided for in \$.817.133, F.S.
Requi	red Signature/Incorporator	Date