P16000085217

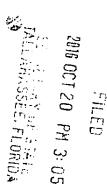
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



300291365763

10/20/16--01006--009 **78.75



V HERRING OCT 24 2016

COVER LETTER

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

SUBJECT: Post	Trading, Inc.				
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an o	original and one (1) copy of the ar	ticles of incorporation and	d a check for:		
☐ \$70.06 Filing Fe	•	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
	Dana Fumosa				
FROM:		ne (Printed or typed)			
	819 NW 29th Court				
-		Address			
	Wilton Manors, FL 33311				
-	City, State & Zip				
	954-687-2625				
-	Daytime	Telephone number			
1	positrading@hotmail.com				
-	E-mail address: (to be us	ed 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)

FILED

ARTICLE I NAME The name of the corpor			2016 OCT 20 PM 3: 05
ARTICLE II PRIN	CIPAL OFFICE		St me lade the error
819 NW 29th Court	Principal <u>street</u> address	SAME	Mailing address in different is SEE. FLORIDA
Wilton Manors, FL 33			
		_	
ARTICLE III PURP The purpose for which	the corporation is organized is:	or any and all lawful business	
	RES 100 f stock is: AL OFFICERS AND/OR DIREC		
Name and Tit	Dana Fumosa, President	Name and Title	Autumn Fumosa, Vice President
Address	819 NW 29th Court	Address:	819 NW 29th Court
	Wilton Manors, FL 33311		Wilton Manors, FL 33311
Name and Title		Name and Title	
Address		Address:	
Name and Title	e:	Name and Title	· · · · · · · · · · · · · · · · · · ·
Address		Address:	
ů.			

Name a	nd Title:	Name and Title:	
Address		Address: _	2016 OCT 20 PM 3: 05
			TALL MASSEE, FLORIDA
ARTICLE VI	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable	e) of the registered age	nt ic·
Name:	Autumn Fumosa	e) of the registered age.	ii. 15.
Address:	819 NW 29th Court		
Address.	Wilton Manors, FL 33311		
	INCORPORATOR		
The <u>name and a</u>	address of the Incorporator is:		
Name:	AutumnFumosa		
Address:	819 NW 29th court		
	Wilton Manors, FL 33311		
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and ca filing.)		TIONAL) ve business days prior or 90 busines:
	te inserted in this block does not meet the applica effective date on the Department of State's recor		quirements, this date will not be listed a
	amed as registered agent to accept service of pro I am familiar with and accept the appointment as		
(A	atturnic Tumosa		10/16/16
<u> </u>	Required Signature/Registered Agent		Date
	ocument and affirm that the facts stated herein the periment of State constitutes a third degree for		
\sim		· · ·	
()	ottoma Limora		10/16/16