

P160005644

Florida Department of State
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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
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16 OCT 24 AM 10:59

Corporate Filing Service

16 OCT 24 AM 11:03

FLORIDA PROFIT/NON PROFIT CORPORATION
CONNOR PEEDE INC

Certificate of Status	0
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OCT 25 2016

ARTICLES OF INCORPORATION

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

16 OCT 24 AM 11:03

ARTICLE I NAME

The name of the corporation shall be: CONNOR PEEDE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3105 FARGO AVENUE

3105 FARGO AVENUE

LAKE WORTH, FL 33467

LAKE WORTH, FL 33467

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To transact any and all lawful activity for which a corporation may be formed.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: COONOR PEEDE, - DIRECTOR

Name and Title: _____

Address 3105 FARGO AVENUE

Address: _____

LAKE WORTH, FL 33467

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: COONOR PEEDE, - DIRECTOR

Address: 3105 FARGO AVENUE

LAKE WORTH, FL 33467

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: COONOR PEEDE

Address: 3105 FARGO AVENUE

LAKE WORTH, FL 33467

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.)

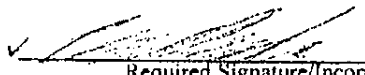
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 _____
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 _____
Date