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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, TNC.

Account Number: 075350000353 Phone : (800)221-2972 Fax Number : (888)692-9256

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## FLORIDA PROFIT/NON PROFIT CORPORATION **CONNOR PEEDE INC**

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 21; All 11: 0.0

RTICLE I NAME	CONNOR PEEDE INC	ų,	**************************************
he name of the corporat	ion shall be:	<b>4</b>	· 1 0200 ·
RTICLE II PRINC	<i>IPAL OFFICE</i> Principal <u>street</u> address	Mailing address, if diffe	
		***************************************	
105 FARGO AVENUI		3105 FARGO AVENUE	
AKE WORTH, FL 334	467	LAKE WORTH, FL 33467	
RTICLE III PURPO the purpose for which the may be formed.	<u>SF</u> ne corporation is organized is:	t any and all lawful activity for which a co	rporation
	LOFFICERS AND/OR DIRECTORS COONOR PEEDE, - DIRECTOR	Name and Title:	
	3105 FARGO AVENUE		
Address	LAKE WORTH, FL 33467	Address:	
•			<del> </del>
Name and Title:		Name and Title:	
Address		Address:	
-			
- -			
Name and Title:_		Name and Title:	
Address _		Address:	
**			

. Name a	and Title:	Name and Title:	
Addre	ss	Address:	
ARTICLE VI	REGISTERED AGENT		
	Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	COONOR PEEDE, - DIRECTOR	-	
Address:	3105 FARGO AVENUE	<del></del>	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LAKE WORTH, FL 33467	<del></del>	
	INCORPORATOR  address of the Incorporator is:		
Name:	COONOR PEEDE		
Address:	3105 FARGO AVENUE		
	LAKE WORTH, FL 33467		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if	fother than the date of filing:	(OPTIONAL) nnot be more than five business days prior or 90 busin	1655
	e inserted in this block does not meet the applica effective date on the Department of State's record	ble statutory filing requirements, this date will not be listed.	ed as
Having been nathis certificate, I	med as registered agent to accept service of proc am familiar with and accept the appointment as	ess for the above stated corporation at the place designaregistered agent and agree to act in this capacity	ited in
Y The state of the	Required Signature/Registered Agent	Date	
submit this doc	cument and affirm that the facts stated herein o	re true. I am aware that the false information submitte	d in a
locument to the	Department of State constitutes a third degree fe	lony as provided for in s.817.155, F.S.	
·	The state of the s		
Requi	ired Signature/Incorporator	Date	