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Account Number: 075350000353 Phone

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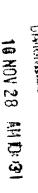
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NOV 2 9 2016

T. SCOTT



ARTICLES OF INCORPORATION

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

<u>RTICLE II PRINC</u>	CIPAL OFFICE Principal street address	Ma	iling address, if different is:
0622 CONWAY TRA	JL	10622 CON	WAY TRAIL
OYNTON BEACH, I		BOYNTON	BEACH, FLORIDA 33437
RTICLE III PURPO ne purpose for which to ay be formed.	OSE he corporation is organized is:	any and all lawful act	ivity for which a corporation
ay oc formed.			
			-
RTICLE IV SHARI	ES 200		· · · · · · · · · · · · · · · · · · ·
RTICLE IV SHARI te number of shares of	<u>ES</u> 200 stock is:		· · · · · · · · · · · · · · · · · · ·
e number of shares of	stock is: LOFFICERS AND/OR DIRECTORS		,,'
e number of shares of	L OFFICERS AND/OR DIRECTORS		···
e number of shares of	L OFFICERS AND/OR DIRECTORS SHELLEY OBLETZ - DIRECTOR		
e number of shares of RTICLE V INITIA Name and Title	L OFFICERS AND/OR DIRECTORS SHELLEY OBLETZ - DIRECTOR	Name and Title:	
e number of shares of RTICLE V INITIA Name and Title	LOFFICERS AND/OR DIRECTORS SHELLEY OBLETZ - DIRECTOR 10622 CONWAY TRAIL	Name and Title:	
ne number of shares of RTICLE V INITIA Name and Title Address	LOFFICERS AND/OR DIRECTORS SHELLEY OBLETZ - DIRECTOR 10622 CONWAY TRAIL	Name and Title: Address:	
ne number of shares of RTICLE V INITIA Name and Title Address	SHELLEY OBLETZ - DIRECTORS 10622 CONWAY TRAIL BOYNTON BEACH, FLORIDA 33437	Name and Title: Address: Name and Title:	
RTICLE V INITIA Name and Title Address Name and Title:	LOFFICERS AND/OR DIRECTORS SHELLEY OBLETZ - DIRECTOR 10622 CONWAY TRAIL BOYNTON BEACH, FLORIDA 33437	Name and Title: Address: Name and Title:	
Name and Title Name and Title Address Address	LOFFICERS AND/OR DIRECTORS SHELLEY OBLETZ - DIRECTOR 10622 CONWAY TRAIL BOYNTON BEACH, FLORIDA 33437	Name and Title: Address: Name and Title: Address:	
RTICLE V INITIA Name and Title Address Name and Title:	LOFFICERS AND/OR DIRECTORS SHELLEY OBLETZ - DIRECTOR 10622 CONWAY TRAIL BOYNTON BEACH, FLORIDA 33437	Name and Title: Address: Name and Title: Address: Name and Title:	

Name a	and Title:	Name and Title:	
Addre	SS	Address:	
ARTICLE VI	REGISTERED AGENT		
The name and I	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	SHELLEY OBLETZ	<u>,</u>	
Address:	10622 CONWAY TRAIL		
	BOYNTON BEACH, FLORIDA 33437		
ARTICLE VII	<u>INCORPORATOR</u>		
	address of the Incorporator is:		
Name:	SHELLEY OBLETZ		
Address:	10622 CONWAY TRAIL		
1 1000 0001	BOYNTON BEACH, FLORIDA 33437		
Effective data	EFFECTIVE DATE: f other than the date of filing:	. (OPTIONAL)	
(If an effective filing.)	date is listed, the date must be specific and cann	of he more than five days prior or 90 days after the	:
Note: If the dat	e inserted in this block does not meet the applicable effective date on the Department of State's records.	e statutory filing requirements, this date will not be liste	ed as
	med as registered agent to accept service of proces am familiar with and accept the appointment as re	ss for the above stated corporation at the place designo egistered agent and agree to act in this capacity	ated in
			
	Required Signature/Registered Agent	Date	
I submit this do	cument and affirm that the facts stated herein are Department of State constitutes a third degree feloi	e true. I am aware that the false information submitte ny as provided for in £817.155, F.S.	ed in a
K	1111	1 /	
1) le	lley (/ llet2		4
Requ	ired Signature/Incorporator	/ Date	