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From;

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

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APR 1 7 2017

T. SCOTT

ARTICLES OF INCORPORATION

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

ICLE II P	RINCIPAL OFFICE		
	Principal street address	Mailing address, if different is:	
6 ROYAL CL	UB DRIVE	57% ROYAL CLUB DRIVE	
DYNTON BEACH, FL 33437		BOYNTON BEACH, FL 33437	
TICLE III PL purpose for wh	/RPOSE ich the corporation is organized is:		
conduct all activ	vities set forth and permitted under and Flo	rida corporation law	
1910-19			
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<u>.</u>	**		
CLEIV SH	4RES 100 NPV		
ICLE IV SHA	4RES 100 NPV		
sumber of shares	4RES 100 NPV		
sumber of shares	ARES 100 NPV of stock is: TIAL OFFICERS AND/OR DIRECTORS ANTHONY ZUARO DIRECTORS		
CLE P INFO Name and T	ARES 100 NPV of stock is: TIAL OFFICERS AND/OR DIRECTORS ANTHONY ZUARO DIRECTORS	Name and Title:	
CLE 3' INF	ARES 100 NPV of stock is: TAL OFFICERS AND OR DIRECTORS itle: ANTHONY ZUARO, DIRECTOR		
CLE P INFO Name and T	ARES 100 NPV of stock is: TAL OFFICERS AND/OR DIRECTORS itte: ANTHONY ZUARO, DIRECTOR 5796 ROYAL CLUB DRIVE	Name and Title:	
CLE P INFO Name and T	ARES 100 NPV of stock is: TAL OFFICERS AND/OR DIRECTORS itte: ANTHONY ZUARO, DIRECTOR 5796 ROYAL CLUB DRIVE	Name and Title:	
CLE 1' INFO Name and T Address	ARES 100 NPV of stock is: TAL OFFICERS AND OR DIRECTORS inte: ANTHONY ZUARO, DIRECTOR 5796 ROYAL CLUB DRIVE BOYNTON BEACH, FL 33437	Name and Title:Address:	
CLE 1' INFO Name and T Address Name and Title	ARES 100 NPV of stock is: TAL OFFICERS AND/OR DIRECTORS itte: ANTHONY ZUARO, DIRECTOR 5796 ROYAL CLUB DRIVE BOYNTON BEACH, FL 33437	Name and Title:Address: Name and Title:	
CLE 1' INFO Name and T Address	ARES 100 NPV of stock is: TAL OFFICERS AND OR DIRECTORS inte: ANTHONY ZUARO, DIRECTOR 5796 ROYAL CLUB DRIVE BOYNTON BEACH, FL 33437	Name and Title:Address:	
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CLE 1' INFI Name and T Address Name and Titl Address	ARES 100 NPV of stock is: TAL OFFICERS AND/OR DIRECTORS itte: ANTHONY ZUARO, DIRECTOR 5796 ROYAL CLUB DRIVE BOYNTON BEACH, FL 33437	Name and Title:	

Name a	and Title:	Name and Title:	*************************************
Addre	SS	Address:	
ARTICLE VI			
The name and	Florida street address (P.O. Box NOT acceptal	ole) of the registered agent is:	
Name:	ANTHONY ZUARO		
Address:	5796 ROYAL CLUB DRIVE	**	
	BOYNTON BEACH, FL 33437		
ARTICLE VII	INCORPORATOR		
The name and	ddress of the incorporator is:		
Name:	ANTHONY ZUARO		
Address:	5796 ROYAL CLUB DRIVE		
	BOYNTON BEACH, FL 33437		
4 P4F1/C1 12 1/177	PRESENTE NATE		
	EFFECTIVE DATE: f other than the date of filing:		•
	date is listed, the date must be specific and c	annot be more than five busines	ss days prior or 90 business
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Having been na this certificate, I	med as registered agent to accept service of pr gm familior with and accept the appointment	ocess for the above stated corpor as registered agent and agree to a	ration at the place designated in act in this capacity
		-	
	Required Signature/Registered Agent		** * *********************************
•			Date
submit this do	cument and affirm that the facts stated hereb	ore true. I am aware that the j	slse information submitted in a
socument to the	Department of State constitutes a third degree	felony as provided for in 2817.1	55, F.S.
177	Though June		
Kequ	ired Signarure/Incorporator		Date