

PT7000068359

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : WILSON TAX & ACCOUNTING INC.
Account Number : 120150000107
Phone : (941) 625-1925
Fax Number : (941) 625-1526

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Lindsay@taxsaversfl.net

FLORIDA PROFIT/NON PROFIT CORPORATION
MURKYBLAZE INC.

Certificate of Status	0
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: MURKYBLAZE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1300 Enterprise Dr Ste D

Unit 4210 - 295 Adelaide St West

Port Charlotte, FL 33953

Toronto, Ontario, Canada, M5V 0L4

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Denis Beschastni Officer

Name and Title: _____

Address Unit 4210 - 295 Adelaide St West

Address: _____

Ontario, Canada, M5V 0L4

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: Tax Savers
Address: 1300 Enterprise Dr Ste A
Port Charlotte, FL 33953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Denis Reschastni
Address: Unit 4210 - 295 Adelaide St West
Toronto, Ontario, Canada, M5V 0L4

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 days prior or 90 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

8/11/17

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

8/11/17

Date