Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

: (800)221-2972

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FLORIDA PROFIT/NON PROFIT CORPORATION **SLBV INC**

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Corporate Filing Menu

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OCT 2 0 2017

From:

10/19/2017 13:29 #064 P.002/003

ARTICLES OF INCORPORATION

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

ARTICLE II PRINCIPAL OFFICE Principal street address 2030 West First Street Suite E		Mailing ad 2030 West First Str	dress, if different is:
Myers, FL 33901		Ft Myers, FL 3390	1
TICLE III PUR purpose for which ich corporations m	the corporation is organized is:	n any lawful act or activity fo	or .
			17 C.
			,
Name and T	of stock is: CAL OFFICERS AND/OR DIRECTORS	Name and Title:	
number of shares	of stock is:	Name and Title:Address:	
number of shares TICLE V INTO Name and T Address Name and Ti	Alisa Badolato/Treasurer 2030 West First Street Suite E Ft Myers, FL 33901 Erancis Radolato/President	Address:	—
number of shares TICLE V INTO Name and T Address	IAL OFFICERS AND/OR DIRECTORS Alisa Badolato/Treasurer 2030 West First Street Suite E Ft Myers, FL 33901 Francis Badolato/President	Address:	—
number of shares TICLE V INTO Name and T Address Name and Ti Address	IAL OFFICERS AND/OR DIRECTORS Itle: Alisa Badolato/Treasurer 2030 West First Street Suite E Ft Myers, FL 33901 Francis Badolato/President 2030 West First Street Suite E	Address: Name and Title: Address:	===================================

From:

10/19/2017 13:29 #064 P.003/003

Nacao an	d Title:	Name and Title:
Address		Address:
ARTICLE YI	REGISTERED AGENT	that again amplitude of the control
	lorida street address (P.O. Box NOT acceptal Alisa Badolato	AC) Of the registered agent is:
Name:	2030 West First Street Suite E	_
Address:	Ft Myers, FL 33901	
James Clip 1.71	ALCOS BOR A TOP	
	INCORPORATOR	
	<u>udress</u> of the Incorporator is: Alisa Bado la to	•
Name:	2030 West First Street State E	* **
Aodress:	Pt Myers, FL 33901	——
	 -	· · · · ·
Effective date, I (If no effective days after the f	lling.)	(OPTIONAL) cannot be more than five business days prior or 90 business leable statutory filing requirements, this date will not be listed as cords.
Huving been no this certificate,	uned as registered agent to accept sorder of t i gm familiar with and accept the appointment with accept the appointment Required Signature/Registered Age	to registered agent and agree to act in this capacity 1
I submit this di document to the	• •	en ere trua. I am avare that the faire information submitted in a
	Muy barle de to	(4/15/1 > Date