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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: APPOIN	STED PRESSURE, INC.		
Sobster.	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
S70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certified Copy & Certificate of
		ADDITIONAL CO	
FROM: Lyı	nn Walker Wright, Esquire Nam	e (Printed or typed)	
281.	3 S. Hiawassee Road, Suite 102		
	Address		
Orla	indo. Florida 32835		
	City	. State & Zip	•••
(407	7) 656-5500		
	Daytime 1	Telephone number	•
ТОМ	AASPETRO73@GMAIL.COM		
-	E-mail address: (to be use	d for future annual report r	notification)

NOTE: Please provide the original and one copy of the articles.

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

The name of the corpo		E, INC.	
ARTICLE II PRIN	Principal street address	565 Case	Mailing address, if different is: ading Creek Lane
Winter Garden, Florid	ia 34787	Winter C	Garden, Florida 34787
	n the corporation is organized is: permitted under the laws of the United S		
			4£9
			¥**
			7
			752 7 5
ARTICLE IV SHA The number of shares of	RES 10000 of stock is:		20 A# 9; 1
	IAL OFFICERS AND/OR DIRECTORS Tomas J. Petro		Tomas J. Petro
Name and Title	de:565 Cascading Creek Lane	Name and Title	565 Cascading Creek Lane
Address	Winter Garden, Florida 34787	Address:	Winter Garden, Florida 34787
P	President		Director
Name and Titl	Tomas J. Petro	Name and Title	Michael Monitto
Address 565 Cascading	565 Cascading Creek Lane		528 Cascading Creek Lane
	Winter Garden, Florida 34787		Winter Garden, Florida 34787
	Secretary	_	Vice-President
Name and Titl	Michael Monitto	Name and Title	·
Address 5	528 Cascading Creek Lane	Address:	
	Winter Garden, Florida 34787		
	Director		

Name ar	nd Title:	Name and Title:
Addres	s	Address:
	<u>REGISTERED AGENT</u> <u>lorida street address</u> (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Lynn Walker Wright, Esquire	
Address:	2813 S. Hiawassee Road. Suite 102	_
	Orlando, Florida 32835	_
ARTICLE VII	<u>INCORPORATOR</u>	
The <u>name and a</u>	ddress of the Incorporator is:	
Name:	Lynn Walker Wright, Esquire	
Address:	2813 S. Hiawassee Road, Suite 102	
	Orlando, Florida 32835	
ARTICLE VIII	EFFECTIVE DATE: Other than the date of filing:	(OPTIONAL)
(If an effective of days after the fi	date is listed, the date must be specific and cann	not be more than five business days prior or 90 business
•	-	
	e inserted in this block does not meet the applicable iffective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as
Having been nat	med as registered agent to accept service of proce-	ss for the above stated corporation at the place designated in
this certificate, I	am familiar with and accept the appointment as re	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
		11-17-17
-	Restrict Signature/Registered Agent	Lynn w. wright Date
I submit this doc	cument and affirm that the facts statest herein are	e true. I am aware that the false information submitted in a
document to the	Department of Sturb constitutes a third degree felo	ny as provided for in s.817.155, F.S.
_	CAT)	11-17-17 Date
Requ	ired Signature Incorporator Lynn L	Date Date