From Lindsay Swetavage 1.941\_625.1526 Thu Nov 30 14:00:03 2017 MST Page 1 ro Division of Corporations Florida Department of State Division of Corporations **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown bclow) on the top and bottom of all pages of the document. (((H17000314210 3))) W 30 WIN Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : WILSON TAX & ACCOUNTING INC. Account Number : 120150000107 : (941)625-1925 Fax Number : (941)625-1526 ullet Enter the email address for this business entity to be used for future lphaannual report mailings. Enter only one email address please. \*\* FLORIDA PROFIT/NON PROFIT CORPORATION The 33 Percent, Inc. Certificate of Status 0 0 Certified Copy Page Count 03 \$70.00 Estimated Charge Electronic Filing Mend Corporate Filing Menu Help

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

ARTICLE I NAME The name of the corpora		cent, Inc.		
<u>ARTICLE II PRINC</u>	TPAL OFFICE Principal street address	Mailing address, if different is:		
3913 Cape Cole Blvd				
Punta Gorda, FL 33955				
ARTICLE III PURPO The purpose for which t	Are corporation is organized is:	oy and all lawful business.		
			VDH 44	
			/30 	
ARTICLE IV SHARE The number of shares of	100 stock is:		6: 22	
	<i>L<u>OFFICERS AND/OR DIRECT</u></i> Philip Rispoli, President	TORS  Name and Title:		
Address	3913 Cape Cole Blvd			
	Punta Gorda, FL 33955	<del></del>		
Name and Title:		Name and Title:		
Address _		Address:		
Name and Tide:		Name and Title:		
Address		Address:		

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Name and	Title:		Name and Title:		
Address			Address:		
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	1				
CRTICLE VI R.					
the <u>name and Flo</u>	ī	ess (P.O. Box NOT acceptable) of	the registered agent	t is:	
Name:	Philip Rispoli				
Address:	3913 Cape Coll	e Blvd		1	¢
	Punta Gorda, El	33955	-	•	17 NOV 30
			-		A0
	1				ယ
RTICLE VII II	NCORPORATO	<u>PR</u>			
The <u>name and add</u>	lress of the incor	porator is:			P <del>.</del>
<b>N</b> 1	Philip Rispol	i			ن
Name:	3913 Cape	Cala Divil	•	,	22
Address:	3913 Cabe		_	•	. –
	Punta Gord	a, FL 33955			
		<del></del>	-		
ARTICLE VIII I	FEFECTIVE D	ATE.			
			(OPT	IONAL)	
	te is listed, the	date must be specific and canno	t be more than five	days prior or 90 days after	the
iling.)	ì				
		ock does not meet the applicable	statutory filing requ	irements, this date will not be	listed as
he document's cit	ective date on th	Department of State's records.			
Umina heen name	ed as venistered	 agent to accept service of process	for the above states	d comparation at the place dep	ionated in
his certificate, I an	n fam <u>ili</u> ar with	ind accept the appointment as reg	istered agent and ag	gree to act in this capacity	ignutes th
+	Pien			11/22	/, 🛶
		d Signature/Registered Agent		71/30/	1
			_	Date	
submit this document to the De	ment and affirm epartment of Sta	that the facts stated herein are te constitutes a third degree felon	true. I am aware th v as provided for in	at the false information subs s.817.155, F.S.	nitted in a
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۲	- VC US 1	V		11130	111
Kequire	d Signature/Inco	prporator		Date	

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