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

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Land Turtle USA Inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

17115111
12/15/17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 DEC 15 AM 9:20
7. Page
12/15/17
FILED

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

ARTICLE I NAME Land Turtle USA Inc
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:

1382 SE Belcrest Street 1382 SE Belcrest Street

Port St. Lucie, FL 34952 Port St. Lucie, FL 34952

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 200
The number of shares of stock is: _____

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title John Cornwell - Director Name and Title _____
Address 1382 SE Belcrest Street Address: _____
Port St. Lucie, FL 34952 _____

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	John Cornwell
Address:	1382 SE Belcrest Street
	Port St. Lucie, FL 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:	John Cornwell
Address:	1382 SE Belcrest Street
	Port St. Lucie, FL 34952

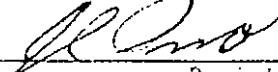
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 SECRETARY OF STATE
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ARTICLE VIII EFFECTIVE DATE:

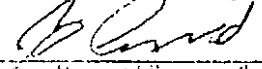
Effective date, if other than the date of filing, _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

	12/12/2017
Required Signature/Registered Agent	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.

X 	12/12/2017
Required Signature/Incorporator	Date