## 

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(((H180000311743)))



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To:

Division of Corporations

Fax Number

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

: (305)552**-**5973 : (305)6**7**5**-**5944

\*\*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 TERRYINGITUP CORP

Certificate of Status	0
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Estimated Charge	\$78.75

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Corporate Filing Menu

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N CULLIGAN

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Terryingitup CC	<u> </u>
ARTICLE II PRINCIPA	AL OFFICE:
The principal street address and	
<u>5581SW</u>	71: Place
_ Miami FL	33155 🗎
	-
ARTICLE III SHARES: The number of share	s of stock is: 100
<del></del>	IS AND/OR OFFICERS:
Teresa Cure	2 (7)
	(
ARTICLE V INITIAL REGISTERED AGE	INT AND STREET ADDRESS:
The name and Florida street address (PO Box not ac	
Teresa core	
5581 SW 7	01
Micemi FL	33/55
ARTICLE VI INCORPORATOR: The name	and address of the Incorporator is:
<u>teresq</u> cur	
5581 SW	71 Place
Miami FC	33.155

## Required Signatures:

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 approintment as registered agent and agree to act in this capacity

levera luce

Registered Agent

1/25/2018

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.

nera lue

**Incurporator** 

1/25/2018