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| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | | | | | |
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Office Use Only



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SECRETARY COSTAL ALLAHASSEE, FLORIDA

D O'KEEFE MAR 1 6 2018 6

COVER LETTER

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

| SUBJECT: Eng | ghteen | 21, Inc. | | | | |
|---------------------|--------------------------|---|---|-------------------------|--|--|
| | | (PROPOSED CORPOR/ | ATE NAME – <u>MUST INCL</u> | <u>ÚDE SÚFFIX</u>) | | |
| Enclosed are an | ı origi | inal and one (1) copy of the ar | ticles of incorporation and | d a check for: | | |
| ☐ \$70. Filing F | - | S78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy ADDITIONAL CO | & Certificate of Status | | |
| | | | | | | |
| FROM | Paul | R Matthews | | | | |
| | Name (Printed or typed) | | | | | |
| | Box 616681 | | | | | |
| | Address | | | | | |
| | Orla | ndo, Florida 32861 | | | | |
| | City, State & Zip | | | | | |
| | 321- | 236-7458 | | | | |
| | Daytime Telephone number | | | | | |
| | Matt | hews1821@bellsouth.net | | | | |
| | | E-mail address: (to be use | ed for future annual report | 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)

| ARTICLE I NAME | | | | | |
|---|--|-----------------------|--|--|--|
| The name of the corpora | tion shall be: | | | | |
| <u>ARTICLE II PRINC</u> | Principal <u>street</u> address | | Mailing address, if different is: | | |
| 7609 Telegraph Hill | | Во | ox 616681 | | |
| Orlando, Florida 32835 | | Or . | Orlando, Florida 32861 | | |
| | OSE the corporation is organized is: Asset Management for Small Busine | | | | |
| | eeing Company Accounting and Fi | | | | |
| Such activities shall als | o include any other legal business a | etivity in which it m | nay decide to engage. | | |
| | | | <u> </u> | | |
| | | | 71 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | | |
| | | | 2 2 | | |
| | | | 87. 60 10 | | |
| ARTICLE IV SHAR The number of shares of | stock is: | ong | AM 6: 04 E) FLORIDA | | |
| ARTICLE V INITIA Name and Title | AL OFFICERS AND/OR DIRECTO Paul R Matthews II, Pres. et | | Kathy Nguyen, Corporate Secretary | | |
| Address | 7609 Telegraph Hill | Address: | 4514 Malvorn Hill Drive | | |
| Address | Orlando, Florida 32861 | | Olando, Florida 32818 | | |
| | | | | | |
| Name and Title | | Name and | nd Title: | | |
| Address | | | | | |
| 1100.000 | | | | | |
| | | | | | |
| | | | | | |
| Name and Title | : | Name and | ad Title: | | |
| Address | | Address: | : | | |
| | | | | | |
| | | | | | |

| Name a | nd Title: | Name and Title: | |
|---|---|----------------------------------|---------------------------------------|
| Addres | ·s | Address: | |
| | | | |
| | | | |
| | | | |
| ARTICLE VI | REGISTERED AGENT | The Colonia Colonia Colonia | |
| The <u>name and F</u> | Florida street address (P.O. Box NOT acceptate Paul R Matthews | or the registered agent is: | |
| Name: | | | |
| Address: _ | 7609 Telegraph Hill | | |
| | Orlando, Florida 32835 | | |
| ARTICLE VII | INCORPORATOR | | 18 I SEC TALL |
| • | | | HAR CRET LAHL |
| The <u>name and a</u> | iddress of the Incorporator is: Intercontinental Finance Group | | 488 488 11. |
| Name: | | | |
| Address: | Box 616681 | | |
| | Orlando, Florida | | FILED AM 6: 04 EFASSEE, PLORIDA |
| Effective date, i (If an effective filing.) Note: If the dat | EFFECTIVE DATE: If other than the date of filing: date is listed, the date must be specific and c | eable statutory filing requireme | s prior or 90 days after the |
| the document's | effective date on the Department of State's reco | ords. | |
| | med as registered agent to accept service of pr am familiar with and accept the appointment | | |
| | (Alacate | | 3/4/2018 |
| | Required Signature/Registered Agen | | Date |
| I submit this do | cument and affirm that the facts stated herein | are true. I am aware that the | e false information submitted in a |
| document to the | Department of State constitutes a third degree | felony as provided for in s.817 | 7.155, F.S. |
| | H. M. vete G. va | | 3/4/2018 |
| Requ | nired Signature/Incorporator | | Date |