## P180000 40704

| (Re                     | equestor's Name)       |        |
|-------------------------|------------------------|--------|
|                         |                        |        |
| (Ac                     | ddress)                |        |
| (Ac                     | ddress)                |        |
|                         |                        |        |
| (Ci                     | ity/State/Zip/Phone #) |        |
| PICK-UP                 | ☐ WAIT                 | MAIL   |
| (Bı                     | usiness Entity Name)   |        |
| (De                     | ocument Number)        |        |
| Certified Copies        | Certificates of        | Status |
| Special Instructions to | Filing Officer:        |        |
|                         |                        |        |
|                         |                        |        |
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Office Use Only



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N. SAMS

## **COVER LETTER**

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

| SUBJECT:             | PROPOSED CORPORA                           | AIR AND F                                 | LEAT TA  |
|----------------------|--|---|--|
|                      | (PROPOSED CORPORA                          | TE NAME – MUST INCL                       | UDE SUFFIX)  |
| Enclosed are an orig | ginal and one (1) copy of the art          | icles of incorporation and                | d a check for:   |
| \$70.00 Filing Fee   | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fce & Certified Copy       | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
|                      |  | ADDITIONAL COPY REQUIRED                  |  |
| FROM:                | AARON B. GR<br>Name                        |   |  |
|                      |  | ARIC FL.                                  |  |
| <del></del>          | 904 - 27<br>Daytime Te                     | 2-9/9/<br>lephone number                  |  |
|                      | E-mail address: (to be used                | DAIR1 D GN<br>for future annual report no | AAL COM  |

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)

| LE II PRINCIPAL OFFICE Principal street addres   | s, - M  | ailing address, if differe   | ent is:                               |
|--|---|--|---------------------------------------|
| Principal street address   |   |  |                                       |
| DANNES PARK, F   | v. 3200)  |  |                                       |
| LE III PURPOSE   |   |  | · · · · · · · · · · · · · · · · · · · |
| pose for which the corporation is organ  | aized is: To ENGACE IN A  | NET LAWFUL A   | Cy orp                                |
| CITY IN THE WHICH I  | TIES OF THE STATES  | BU SKANNI  | 13 UN                                 |
| ME WAYS AND STAT   | VIES OF THE STATE OF  | Friendt:   |                                       |
|  |   |  |                                       |
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| <del> </del>   |   |  |                                       |
|  |   |  |                                       |
| E IV SHARES  |   |  |                                       |
| EIV SHARES ber of shares of stock is: 12 00 2  | SHARTS COMMUNSTOCK,   | 4T S/ C,D1 ,S  | J.AR VALI                             |
| ber of shares of stock is: 1200  | SH 2025 COMMUNSTOCK,  | 4T S/ C,D1 ,G  | D.H. VALI                             |
| ber of shares of stock is: 3 c 00 a  | R DIRECTORS   |  | J.AR VALI                             |
| ber of shares of stock is: ユェロー EV INITIAL OFFICERS AND/O  | R DIRECTORS  AND PRES. Name and Title:  |  | D.AR VALI                             |
| EV INITIAL OFFICERS AND/O  Name and Title: 4/1200 B  Address 6/9 17/06   | R DIRECTORS  AND PRES. Name and Title:  EHILL TRIVE Address:                                    |  | D.AR VALI                             |
| EV INITIAL OFFICERS AND/O<br>Name and Title: 4/1720シ ほん<br>Address <u>679 おり</u>   | R DIRECTORS  AND PRES. Name and Title:  |  | D.AR VALI                             |
| ber of shares of stock is: ユェロー  EV INITIAL OFFICERS AND/O  Name and Title: 4/1720シ ほん  Address                                      | R DIRECTORS  AND PRES. Name and Title:  EHILL TRIVE Address:                                    |  | D.AR VALI                             |
| ber of shares of stock is: <u>Je の</u> EV INITIAL OFFICERS AND/O  Name and Title: <u>4/1720</u> 以 <u>月</u> Address <u>(679 月)</u> 06 | R DIRECTORS  PRES: Name and Title:  EHIL TRIVE Address:  PMK, FL-32065                          |  | DAR VALI                              |
| Name and Title:  | R DIRECTORS  PRES. Name and Title: EHILDRIVE Address:  DAK, FL-32065  Name and Title:           |  | ω                                     |
| Name and Title:  | R DIRECTORS  PRES: Name and Title:  EHIL TRIVE Address:  PMK, FL-32065                          | 7.4<br>  |                                       |
| Name and Title:  | R DIRECTORS  PRES. Name and Title: EHILDRIVE Address:  DAK, FL-32065  Name and Title:           |  | ω                                     |
| Name and Title:  | R DIRECTORS  PRES. Name and Title: EHILDRIVE Address:  DAK, FL-32065  Name and Title:           | 74 T S 2 T S | ω                                     |
| E V INITIAL OFFICERS AND/O  Name and Title: 4/1200 B A  Address 619 8106  DEANGE  Name and Title: 4  Address                         | R DIRECTORS  PAS. Name and Title:  EHILDRIVE Address:  MAK, FL 32065  Name and Title:  Address: | A 1 6 7 3 5 8 5 7 1 1 0 8  | 18 X/Y - 2 P/Y 2:                     |
| Name and Title: 4/1200 B  Name and Title: 4/1200 B  Address  | R DIRECTORS  PRES. Name and Title: EHILDRIVE Address:  DAK, FL-32065  Name and Title:           | A 1 6 7 3 5 8 5 7 1 1 0 8  | 19 X Y Y B                            |

|  | Address:   | <del></del>   |
|--|--|---|
|  |  | <u> </u>  |
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|  |  |   |
| ARTICLE VI _ I   | REGISTERED AGENT   |   |
| The name and Flo   | orida street address (P.O. Box NOT acceptable) of the registered agent is:   |   |
| Name:  | AARIN B. GREW  |   |
| Address:   | 674 RIDGEHILDRIUS  | ∑. <del></del>  |
|  | DRANGE PATHCIFTONIDA 32065   |   |
| ARTICLE VII  | INCORPORATOR   | MAY -2 PM 2: 02   |
| The <u>name and ad</u>   | dress of the Incorporator is:  | PM 2:   |
| Name:  | AMIEN B GIZZEN   | . <b>02</b>   |
| Address:   | 679 RIDESHILL DRIVE  | ÷.  |
|  | BRANGE PATH, FL. 72065   | ·   |
| ARTICLE VIII   | EFFECTIVE DATE:  |   |
| Effective date, if o   | other than the date of filing: $MAGI, JOIS$ . (OPTION) ate is listed, the date must be specific and cannot be more than five day   | AL) s prior or 90 days after the  |
| (If an effective da  |  | •   |
| (If an effective da<br>filing.)  |  | ·   |
| (If an effective da<br>filing.)  Note: If the date:  | inserted in this block does not meet the applicable statutory filing requirement fective date on the Department of State's records.  | •   |
| (If an effective data filling.)  Note: If the date the document's effective document's effective data.   | fective date on the Department of State's records.  ed as registered agent to accept service of process for the above stated cor,  | ents, this date will not be listed as   |
| (If an effective data filing.)  Note: If the date the document's effective the document's effective that the document that the | fective date on the Department of State's records.   | ents, this date will not be listed as   |
| (If an effective datifiling.)  Note: If the date the document's effective that the document that | fective date on the Department of State's records.  ed as registered agent to accept service of process for the above stated corm familiar with and accept the appointment as registered agent and agree to  | ents, this date will not be listed as poration at the place designated in the capacity  |
| (If an effective da filing.)  Note: If the date the document's eff  Having been nam this certificate, I a  | ed as registered agent to accept service of process for the above stated corm familiar with and accept the appointment as registered agent and agree to Required Signature/Registered Agent  Assumble Green  | ents, this date will not be listed as sporation at the place designated in the act in this capacity  MHY 1, 2018  Date  |
| (If an effective defiling.)  Note: If the date the document's effective decument's effective decument's effective decument's effective decument's certificate, I at the document this decument this document this do | ed as registered agent to accept service of process for the above stated corm familiar with and accept the appointment as registered agent and agree to Required Signature/Registered Agent  Accept the Agent for that the facts stated herein are true. I am aware that the | ents, this date will not be listed as poration at the place designated in to act in this capacity  MHG 1, 2018  Date  The false information submitted in the capacity |
| (If an effective defiling.)  Note: If the date the document's effective decument's effective decument's effective decument's effective decument's certificate, I at the submit this document decument's effective decument decume | ed as registered agent to accept service of process for the above stated corm familiar with and accept the appointment as registered agent and agree to Required Signature/Registered Agent  Assumble Green  | ents, this date will not be listed as sporation at the place designated in to act in this capacity  MHG 1, 2018  Date  Te false information submitted in 67.155, F.S. |
| (If an effective defiling.)  Note: If the date the document's effective defiling been named this certificate, I at a submit this document to the I)  | ed as registered agent to accept service of process for the above stated corm familiar with and accept the appointment as registered agent and agree to Required Signature/Registered Agent  Accept the Agent for that the facts stated herein are true. I am aware that the | ents, this date will not be listed as sporation at the place designated in to act in this capacity  May 1, 2018  Date   |

Name and Title:\_\_\_\_\_\_ Name and Title:\_\_\_\_\_\_