7/11/2018

## Fiscia Spartment of Standard S

## 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 below) on the top and bottom of all pages of the document.

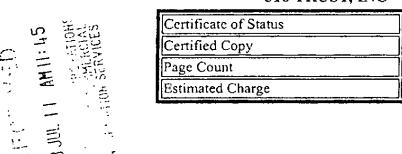
(((H18000201412 3)))



H180002014123ABCT

To:		1. 1.
10.	Division of Corporations	1 · **
	Fax Number : (850)617-6381	r.
	(,	
From:		•
	Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.	LokiuA
	Account Number : 075350000353	무:
	Phone : (800)221-2972	=
	Fax Number : (888)692-9256	20
	the email address for this business entity to be used for futuual report mailings. Enter only one email address please.**	re

## FLORIDA PROFIT/NON PROFIT CORPORATION 516 TRUST, INC



N. SAMS

JUL 1 2 2018

Electronic Filing Menu

2

Corporate Filing Menu

Help

0

0

01 \$70.00

## ARTICLES OF INCORPORATION

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

The name of the corpor	516 TRUST, I	NC.		
ARTICLE II PRIN	ICIPAL OFFICE Principal street address	Mailing address	Mailing address, if different is:	
4604 QUEEN PALM LANE TAMARAC, FL 33319		4604 QUEEN PALM LANE TAMARAC, FL 33319		
			18 JU	
			19 -0	
ARTICLE IV SIIAR The number of shares of	<i>ES</i> 200 stock is:		ri Örica	
ARTICLE V INITL	AL OFFICERS AND/OR DIRECTOR	<u>ORS</u>		
	EARL CHIN, DIRECTOR  4604 QUEEN PALM LANE	Name and Title:		
Address	TAMARAC, FL 33319	Address:		
Name and Title		Name and Title:		
Address		•		
			, , , , , , , , , , , , , , , , , , ,	
Name and Title:		Name and Title:Address:		
· ,		·		

Name and Title:		Name and Title:		
Addre		Address:		
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT accept	able) of the registered agent is:		
Name:	KEVIN LEE	, and together agent is.		
Address:	5207 BANYON LANE			
	TAMARAC, FL 33319	<del></del>	<u></u>	
ARTICLE VII	INCORPORATOR	<del></del>	10 Top	
The name and as	ddress of the Incorporator is:			
Name:	TATYANA KUKULIYEVA		P	
Address:	16 COURT ST, 14TH FL	· <del>·············</del>	$\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$	
	BROOKLYN, NY 11241		30 Riss	
affective date, if a (If an effective di iling.)	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and c inserted in this block does not meet the applic fective date on the Department of State's reco	abla stanuta. Cit		
laving been name	fective date on the Department of State's reco ed as registered agent to accept service of pro- in familiar with and accept the appointment a	103,		
	Required Signature/Registered Agent		7/16/18	
submit this document to the De	ment and affirm that the facts stated herein epartment of State constitutes a third degree f	are true. I am aware that the false clony as provided for in s.817.15S, F	information submitted in as.	
1			7/10/2018	
Kequire	d Signature/Incorporator		Date	