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| (Rec                      | questor's Name)   |           |
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## **COVER LETTER**

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



| 3010412011 FIMI FIMI FIMI | Botha Inc.                                   |
|---------------------------|--|
| (PROPOSED CO              | ORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> ) |

| inclosed are an orig    | inal and one (1) copy of the ar              | ticles of incorporation and         | d a check for:   |
|-------------------------|--|-------------------------------------|--|
| □ \$70.00<br>Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
|                         |  | ADDITIONAL CO                       | OPY REQUIRED   |

| FROM: Mor   | nica Ronise Williams Name (Printed or typed) |
|-------------|--|
| <u>3514</u> | Loro Lane Address                            |
| Talla       | ahassee, FL 32305 City. State & Zip          |
| (           | 856) 553-1371  Daytime Telephone number      |
|             | onicar will, ams a icloud, 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)

| Principal street address 3514 Loco Lane   |   | Mailing address, if different is:  1533 South Bronough Street |            |                   |        |
|---|---|---|------------|-------------------|--------|
| <u>allahassee</u>   | , FL 32305  | Apt B<br>Tallahassee, FL 32301                                |            | <br>ام            |        |
| TICLE III PURP  | ICLE III PURPOSE  |   |            |                   |        |
| e purpose for which   | the corporation is organized is:Kar Ke  | eting .   |            | <u>.</u> .        | ٠.     |
|   |   | -   |            |                   |        |
|   |   |   |            | <u> </u>          | 2018   |
|   |   | · · · · · · · · · · · · · · · · · · ·                         |            | AHA<br>AHA        | NON    |
|   |   |   | · <u>-</u> | SS <del>mi</del>  | 27 F   |
|   |   |   |            |                   | шĭ:    |
|   |   |   |            |                   | -22    |
| RTICLE IV SHAR  | ves   |   |            | 1321 Y            | 2:17   |
| RTICLE IV SHAF<br>e number of shares o  |   |   |            | L DRI             | 12: 17 |
| e number of shares o  |   |   |            | L ORU             | 12: 17 |
| e number of shares o  | f stock is:   | Name and Title:   |            | o I/Al &<br>L ORY | 12: 17 |
| e number of shares o  | f stock is:   | Rame and Title:   |            | LORY              | 2: 17  |
| e number of shares o  **ETICLE V INITI  Name and Tit                                | f stock is: 35  AL OFFICERS AND/OR DIRECTORS  Ic: Monica R. Williams  |   |            | L DRY             | 2: 17  |
| e number of shares o  **ETICLE V INITI  Name and Tit                                | f stock is: 35  AL OFFICERS AND/OR DIRECTORS  Ic: Monica R. Williams  3514 Loro Lane  |   |            | LOSS.             | 2: 17  |
| e number of shares o<br>ETICLE V INITI<br>Name and Tit<br>Address                   | fstock is:35  AL OFFICERS AND/OR DIRECTORS  le: Monica R. Williams  3514 Loro Lone  Tallahassee, FL 32305                     | Address:  |            | LOSS.             |        |
| e number of shares o  RTICLE V INITE  Name and Tit  Address  Name and Titl          | f stock is:   | Address:  Name and Title:                                     |            |                   |        |
| e number of shares o<br>ETICLE V INITI<br>Name and Tit<br>Address                   | fstock is:35  AL OFFICERS AND/OR DIRECTORS  le: Monica R. Williams  3514 Loro Lone  Tallahassee, FL 32305                     | Address:  Name and Title:  Address:                           |            |                   |        |
| e number of shares o  RTICLE V INITE  Name and Tit  Address  Name and Titl          | stock is:   | Address:  Name and Title:  Address:                           |            |                   |        |
| e number of shares o  RTICLE V INITI  Name and Tit  Address  Name and Titl  Address | AL OFFICERS AND/OR DIRECTORS  AL OFFICERS AND/OR DIRECTORS  BE: Monica R. Williams  3514 Loro Lane  Tallahassee, FL 32305  E: | Address: Name and Title: Address:                             |            |                   |        |
| e number of shares o  RTICLE V INITI  Name and Tit  Address  Name and Titl  Address | stock is:   | Address: Name and Title: Address:                             |            |                   |        |

| Name and Title:  | Name and Title:   |   |
|--|---|---|
| Address  | Address:  | <u> </u>  |
|  |   | · · · · · · · · · · · · · · · · · · ·                   |
|  |   |   |
|  |   |   |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accepta  | ible) of the registered agent is:                                       |   |
|  |   | 20  |
| Name: Monica R. Williams Address: 3514 Loro Lane   |   | ** <b>*</b>   |
| Tallahassee, FL 32309  |   | FILED 2010 NOV 27 PH 12:-17 TO AHASSEC TLOSIO           |
| ARTICLE VII INCORPORATOR   |   | PH IZ:  |
| The name and address of the Incorporator is:   |   | <u> </u>  |
| Name: Monica R. Williams   |   |   |
| Address: 3514 Lord Lane  | <del></del>   |   |
| Tallahassee, FL 3230   | <del>1</del> 5  |   |
| ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and filing.) | 2018 . (OPTIONAL cannot be more than five days                          | .)<br>prior or 90 days after the                        |
| Note: If the date inserted in this block does not meet the appl the document's effective date on the Department of State's red                         |   | ats, this date will not be listed as                    |
| Having been named as registered agent to accept service of p<br>this certificate. I am familiar with and accept the appointmen                         | process for the above stated corport tas registered agent and agree to  | oration at the place designated in act in this capacity |
| Required Signature/Registered Age  | nt  | 11/27/2018<br>Date                                      |
| I submit this document and affirm that the facts stated here document to the Department of State constitutes a third degre                             | in are true. I am aware that the<br>ve felony as provided for in s.817, | false information submitted in a · · · ·                |
| Required Signature/Incorporator  | <del></del>   | 11/27/2018  |