P1900000 2258

| (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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COVER LETTER

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

| SUBJECT: | Robert S. | | - |
|-----------------------|--|---|--|
| Enclosed are an orio | inal and one (1) copy of the art | ticles of incorporation and | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| FROM: | Robert S. L | ADDITIONAL CO | PY REQUIRED |
| | 4126 3157 1 | Address | |
| کـ | 1. Petersburg City, | FL 3: State & Zip 17 3300 Gelephone number | 3713 |
| | Daytime T | HSR6, CON for future annual report n | 1 otification) |

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)

| name of the corpo | ation shall be: | | | | |
|---|---|---|--|------------------|------------------|
| TICLE II PRIN 4/26 31 | CIPAL OFFICE Principal street | | | Mailing address, | if different is: |
| • — | | FL 3371 | 13 <u></u> | | |
| | <u></u> | | | | |
| FICLE III PURI purpose for which | OSE the corporation is | organized is: | Sell Real | Estate | 2 |
| | | | | | - |
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| | <u>, </u> | | · · · · · · · · · · · · · · · · · · · | | - |
| FICLE IV SHAR | ES / De | 00 | | | |
| FICLE IV SHAR number of shares o | stock is: | | | | |
| number of shares o | stock is: 700 | ND/OR DIRECTOR. | | a . | |
| number of shares o TICLE V INITE Name and Title | stock is: 700 ALOFFICERS AI e: Robert S | ND/OR DIRECTOR | esident Name and Title | e: | |
| number of shares o TCLE V INITE Name and Title | stock is: 700 ALOFFICERS AI e: Robert S | ND/OR DIRECTOR S. Watts Ple 157 Aug N 158 Aug N | Address: | e: | |
| number of shares o TCLE V INITE Name and Title | stock is: 700 ALOFFICERS AI e: Robert S | ND/OR DIRECTOR | Address: | e: | |
| Name and Title Name and Title | stock is: | ND/OR DIRECTOR. S. Walts Ple 1-57 Awy IV 1-58 Shure FL 33 | Address: | | 23.1.2 |
| number of shares o TICLE V INITE Name and Titl Address | Stock is: | ND/OR DIRECTOR. S. Walts Ple 1-57 Awy IV 1-58 Shure FL 33 | Address: 7/3 Name and Title | | 3. |
| number of shares of the Name and Title Address Name and Title | Stock is: | ND/OR DIRECTOR. S. Walts Ple 157 Awa IV 1/5burg Fo | Address: 7/3 Name and Title | e: | 7 - F |
| Name and Title Name and Title Address | stock is: 100 AL OFFICERS AI E: Robott S 4126 31 SI. Pete | ND/OR DIRECTOR. S. Walts Ple 1-57 Awa IV 1-58 FL 1-33 | Address: Address: Name and Title Address: Address: | e: | JAN -4 MI DO L |
| Name and Title Name and Title Address | Stock is: 100 AL OFFICERS AL e: Robott S 4126 31 St. Pete | ND/OR DIRECTOR. S. Walts Ple 1-57 Awa IV 1-58 FL 1-33 | Address: // Address: // Name and Title Address: Name and Title Name and Title | e: | JAN -4 MI DO L |

| Name and Title: | Name and Title: |
|---|--|
| Address | Address: |
| | |
| | |
| ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address (P.O. B | fox NOT acceptable) of the registered agent is: |
| Name: Robert 5. L | Natts_ |
| Address: 4124 315T | Ave N. |
| St. Petersba | urs FL 33713 |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | |
| Name: Robert 5 | . Watts |
| Address: 4126 31 St | Aug M |
| St. Peter | sburg FC 33713 |
| ARTICLE VIII EFFECTIVE DATE: | 1/2/2019 (OPTIONAL) |
| Effective date, if other than the date of filing: _ (If an effective date is listed, the date must b | be specific and cannot be more than five business days prior or 90 business |
| days after the filing.) | property and cannot be more than five business days prior or 90 business |
| Note: If the date inserted in this block does no | ot meet the applicable statutory filing requirements, this date will not be listed a |
| the document's effective date on the Departmen | nt of State's records. |
| Having been hamed assessing and agont to Do | |
| this certificate, I am familiar with and occept the | cept service of process for the above stated corporation at the place designated he appointment as registered agent and agree to act in this capacity |
| Cont DUT | 1/3/2006 |
| Required Signature/F | Registered Agent Date |
| submit this document and affirm that the fac | cts stated herein are true. I am aware that the false information submitted in |
| locument to the Department of State constitute | s a third degree felony as provided for in s.817.155, F.S. |
| Kalnt J. W | alts 1/2/2019 |
| Required Signature/Incorporator | Date |

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