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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800) 221-2972 : (888)692-9256 Fax Number

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

<u> ARTICLE II PRIN</u>	CIDAL AFFICE			
21 COMANCHE CT	Principal street address	Mailing address, i 21 COMANCHE CT		
21 COMANCHE CT PALM COAST, FL 32137		PALM COAST, FL 32137		
7017 007101,1232				
ARTICLE III PURP	<u>USE</u> the corporation is organized is:	ge in any lawful act or activity for		
which corporations ma	ny be organized			
ARTICLE IV SHAP	RES 200 f stock is:			
The number of shares o	R SIOCK IS.			
ARTICLE V INITI	A AND CONTRACTORS			
Name and Tit		Name and Title:	<u> </u>	
Name and Tit	le:	Name and Title:		
	le:	Name and Title:		
	PALM COAST, FL 32137	Name and Title: Address:		
	JONATHON HOMEM/ PRES. 21 COMANCHE CT	Name and Title: Address:		
Address	PALM COAST, FL 32137	Name and Title: Address:	K K K K K K K	
Address Name and Titl	JONATHON HOMEM/ PRES. 21 COMANCHE CT PALM COAST, FL 32137 c:	Name and Title: Address: Name and Title:		
Address	PALM COAST, FL 32137	Name and Title: Address: Name and Title:	2019 F:B 2	
Address Name and Titl	PALM COAST, FL 32137	Name and Title: Address: Name and Title:	2018 F1:B 2	
Address Name and Titl	PALM COAST, FL 32137	Name and Title: Address: Name and Title:	2019 F1:B 2 MH 9:	
Address Name and Titl Address	JONATHON HOMEM/ PRES. 21 COMANCHE CT PALM COAST, FL 32137	Name and Title: Address: Name and Title: Address:	2019 F138 (2 MH 9: 8:	
Address Name and Titl Address Name and Titl	Be: JONATHON HOMEM/ PRES. 21 COMANCHE CT PALM COAST, FL 32137 c:	Name and Title: Address: Name and Title: Address: Name and Title:	2019 F138 (2 MH 9: 8:	
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Name at	and Title: Name a	nd Title:
Addres	Address	E
ARTICLE VI	REGISTERED AGENT	
The name and F	Florida street address (P.O. Box NOT acceptable) of the regis	tered agent is:
Name:	JONATHON HOMEM	
Address:	21 COMANCHE CT	
	PALM COAST, FL 32137	
	INCORPORATOR address of the Incorporator is:	
The pame and a	JONATHON HOMEM	
Name:		
Address:	21 COMANCHE CT	
	PALM COAST, FL 32137	
Effective date, i (If an effective days after the l	e date is listed, the date must be specific and cannot be mor	
Having been no	named as registered agent to accept service of process for the c I am fandliar with and accept the appointment as registered a	above stated corporation at the place designated in gent and agree to act in this capacity
M Certylogie,	Meel	2/12/19
 -	Required Signature/Registered Agent	, Line
I submit this do	ocument and affem that the facts stated herein are true. I a	m aware that the false information submitted in a
document to the	occument and state constitutes a third degree selony as pro-	2/12/19
Regi	quired Signature/Incorporator	Daté