

3/6/2019

P19000018876

Florida Department of State  
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.

(((H19000076457 3)))



H190000764573ABC6

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**2242, Inc**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2019-03-06 13:17:05

FILED  
19 MAR -6 AM 11:03  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFFE

MAR 07 2019

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: 2242, Inc

**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address  
1101 Willowbrook Tr., Maitland FL 32751

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any legal activity / business management services

**ARTICLE IV SHARES**

The number of shares of stock is: Common 500,000 Preferred 250,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: John N. Peele - Director

Name and Title:

Address: 1101 Willowbrook Tr., Maitland FL 32751

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

FILED  
19 MAR 16 PM 11:03  
TALLAHASSEE, FLORIDA

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: NRAI Services, Inc.

Address: 1200 South Pine Island Road

Plantation, FL 33324

**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:

Name: Laughlin Associates, Inc.

Address: 9120 Double Diamond Pkwy

Reno, NV 89521

FILED  
19 MAR -6 AM 11:03  
TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

By: NRAI Services, Inc. *Karen Augustson* 3/6/2019

Required Signature/Registered Agent Asst Secretary Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

*Brent Duscay* 3/6/2019

Required Signature/Incorporator Date

Brent Duscay, VP, Laughlin Associates, Inc.