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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 Fax Number : (888)692-9256

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

Email Address:	
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## FLORIDA PROFIT/NON PROFIT CORPORATION AFCO INDUSTRIES CORP

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## ARTICLES OF INCORPORATION on with Chanter 607 and/or Chanter 621, F.S. (Profit)

	ration shall be:			
	CLE   NAME ame of the corporation shall be:  CLE   PRINCIPAL OF FICE  Principal street address Mailing address, if different is:			
575 NW MERCANTILE PL UNIT 110		575 NW MERCANTILE PL UNIT 110		
PORT ST LUCIE FL 34986 PORT ST	TE FL 34986	PORT ST LUCIE FL 34986		
RTICLE III PURI he purpose for which	OSE the corporation is organized is:			
o engage in any law	ful act or activity for which corporations may	be organized.		
RTICLE IV SHAF be number of shares o	RES 200 f stock is:		SECRE!	
**************************************	AL OFFICERS AND/OR DIRECTORS			
Name and Till	c:_ANDREW COOK, Director	Name and Title:	DA 3E 3E	
Name and Titl Address	AL OFFICERS AND/OR DIRECTORS  ANDREW COOK, Director  575 NW MERCANTILE PL UNIT 110  PORT ST LUCIE FL 34986	Name and Title:Address:	TE TO A	
Name and Titl	ANDREW COOK, Director  575 NW MERCANTILE PL UNIT 110	Address:	ITE ITE	
Name and Titl Address	ANDREW COOK, Director  575 NW MERCANTILE PL UNIT 110  PORT ST LUCIE FL 34986	Address:  Name and Title:	ITE ITE	
Name and Title Address  Name and Title Address	ANDREW COOK, Director  575 NW MERCANTILE PL UNIT 110  PORT ST LUCIE FL 34986	Address:  Name and Title:  Address:		

Name #	nd Title:	Name and Title:	
Addres	s	Address:	
		<u></u>	
		<del></del>	
	REGISTERED AGENT		
The name and F	lorida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Blumberg Excelsior Corporate Services, Inc.	<del></del>	
Address:	155 Office Plaza Drive, 1st Ft.	_	
	TALLAHASSEE, FL 32301	<del>.</del>	
ARTICLE VII	<u>INCORPORATOR</u>		
	ddress of the Incorporator is:		
Name:	ANDREW COOK		
Address:	575 NW MERCANTILE PL UNIT 110	<del>.</del>	
	PORT ST LUCIE FL 34986	_	
	other than the date of filing:	(OPTIONAL)	
	iste is listed, the date must be specific and cann		prior or 90 business
	inserted in this block does not meet the applicable fective date on the Department of State's records.	statutory filing requirements, this	date will not be listed as
Having been nat this certificate, I	med as registered agent to accept service of proces am familiar with and accept the appaintment as re	s for the above stated corporation gistered agent and agree to act in t	at the place designated in his capacity
x	Required Signature/Registered Agent	LAUREN DEPASS	3.14.19
<del></del>	Required Signature/Registered Agent	ASST. SECRETARY	Date
I submit this doc	rumers and affirm that the facts stated herein are	true. I am moure that the folse in	formation submitted in a
document to the	Department of State constitutes a third degree felas	ry as provided for in £817.155, F.S	•
X	My Kylorle_		211-19
Requi	red Signature Incorporator		Date