

3/14/2019

Division of Corporations

PI900023162

Florida Department of State
Division of Corporations
Professional Services Bureau

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.

((H19000087369 3)))



H190000873693&ECA

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 : LEGALZOOM.COM INC.
Account Number : 170010000067
Phone : (323)962-8600
Fax Number : (323)962-3889

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
Limitless Manufacturing Solutions, Inc

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

00:01:19 AM 10:00

2019 MAR 19 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 20 2019

COVER LETTER

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

SUBJECT: Limitless Manufacturing Solutions, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$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
ADDITIONAL COPY REQUIRED

FROM: Cheyenne Moseley, Legalzoom.com, Inc.
Name (Printed or typed)
101 N. Brand Blvd., 10th Floor:
Address
Glendale, CA 91203
City, State & Zip
323-962-8600 ext. 7625
Daytime Telephone number
onlinefilings@Legalzoom.com
E-mail address: (to be used for future annual report notification)

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)

ARTICLE I NAME Limitless Manufacturing Solutions, Inc
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
990 Darwin Ln. NE _____
Palm Bay, FL 32905 _____

ARTICLE III PURPOSE Any and all lawful purposes
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 11,000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Chris Balba, P, D	Name and Title:	Andrew Kranyik, T, S, D
Address	990 Darwin Ln. NE Palm Bay, FL 32905	Address:	990 Darwin Ln. NE Palm Bay, FL 32905

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

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

2019 MAR 19 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: United States Corporation Agents, Inc.

Address: 13302 Winding Oak Court, Suite A

Tampa, FL 33612

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cheyenne Moseley, Legalzoom.com, Inc.

Address: 101 N. Brand Blvd., 11th Floor

Glendale, CA 91203

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 business days prior or 90 business 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

_____ 3/18/2019

Required Signature/Registered Agent 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.

_____ 3/18/2019

Required Signature/Incorporator Date