P1900000572010

(Requestor's Name)				
(Address)				
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(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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CORETARY OF STATE

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CORPORATE When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 7/23/19

	CERTIFIED COPY					
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	CUS					
\boxtimes	FILING	articles				
1.	FILING FIDER ODTICS N (CORPORATE NAME AND DOCUMENT	etwork, Inc.				
2.	(CORPORATE NAME AND DOCUMENT #)					
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(CORPORATE NAME AND DOCUMENT #) SPECIAL INSTRUCTIONS:						

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

<u> TICLE II PRIM</u>	VCIPAL OF FICE		
	Principal street address	Mailing add	ress, if different is:
557 Lake Newman	Street		
ksonville, FL 3222	21		
TICLE III PUR purpose for which	POSE Any In the corporation is organized is:	awful purpose	
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<u> </u>			
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RTICLE IV SHA			
e number of snares	of stock is:	· 	
TICLE V IND	TAL OFFICERS AND/OR DIRECTO	85	
None and T		Name and Title:	
	2367 Bridgette Way		
Address	Fleming Island, Fl. 32003	Address:	
	r jeiting island; 11. 32003		
			
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			## (
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		Address:	JUL 23 PA
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Address Name and Ti	tle:	Address: Name and Title:	JUL 23 PH 8: 54
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Address Name and Ti	tle:	Address: Name and Title: Address:	JUL 23 PH 8: 5b

Name a	ınd Title: Name an	Name and Title:	
Addres	Address:		
ABTRICLEUR	AFCIOTERED LOCALITY		
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable) of the registe	ered agent is:	
Name:	Stephen Carlo		
Address:	2367 Bridgette Way		
	Fleming Island, Fl. 32003		
ARTICLE VII	<u>INCORPORATOR</u>		
The <u>name and a</u>	address of the Incorporator is:		
Name:	Stephen Carlo		
Address:	2367 Bridgette Way		
	Fleming Island, Fl. 32003		
ABTICI E VIII	EEEECTIVE DATE.		
Effective date, i	Former than the date of filing:	. (OPTIONAL)	
(If an effective filing.)	date is listed, the date must be specific and cannot be more	than five days prior or 90 days after the	
.	e inserted in this block does not meet the applicable statutory fi	ling requirements, this date will not be listed as	
he document's	effective date on the Department of State's records.		
Having been na his certificate, I	med as registered agent to accept service of process for the abo am familiar with and accept the appointment as registered age	ove stated corporation at the place designated in ont and agree to act in this capacity	
51	. (a. /c.	07/23/2019	
10	Required Signature/Registered Agent	Date	
submit this do	cument and affirm that the facts stated herein are true. I am Department of State constitutes a third degree felony as provid	aware that the false information submitted in a	
1 Inches	servation of State Constitutes a intra degree Jetony as provide		
	ired Signature/Incorporator	07/23/2019	
requ	med Signature/incorporator	Date	