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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Tracy Wells Inc.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
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## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

**Tracy Wells Inc.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

46 Pindo Palm Drive  
Ponte Vedra, FL 32081

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

200 Shares at no par value

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Tracy Wells  
46 Pindo Palm Drive  
Ponte Vedra, FL 32081

Prepared By:

Bruce B. Hubbard

238 W. Jericho Turnpike  
Huntington Sta., NY 11746  
1-516-935-3940

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**ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)**

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Tracy Wells - PRESIDENT/DIRECTOR  
46 Pindo Palm Drive  
Ponte Vedra, FL 32081

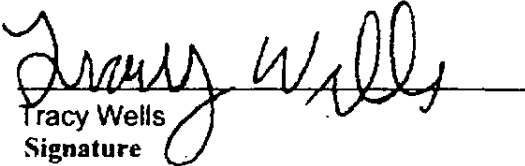
**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Tracy Wells  
46 Pindo Palm Drive, Ponte Vedra, FL 32081

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

26TH day of JULY 2019

  
Tracy Wells  
Signature

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE ST ATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE  
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Tracy Wells Inc.

2. The name and address of the registered agent and office is:

Tracy Wells

Name

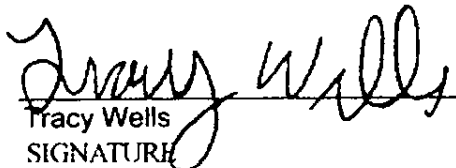
46 Pindo Palm Drive

(P.O. Box or Mail Drop Box NOT Acceptable)

Ponte Vedra, FL 32081

(City / State / Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*

  
Tracy Wells  
SIGNATURE

07/26/2019

(Date)

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