Division of Corporations

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350C00353 Phone : (800)221-2972 Fax Number : (718)889-7420

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
Humble Nation Inc

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Electronic Filing Menu

Corporate Filing Menu

Help

J DENNIS

7/24/2019

19 JUL 31 EN 10 26

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

	CIBIL OFFICE		
TICLE II PRIN	CIPAL OFFICE Principal street address	Mailing address, if d	ifferent is:
324 Holmwood Gre	cens Place	12324 Holmwood Greens Pla	ice
Viverview FL 33579		Riverview, FL 33579	
TICLE III PURF	OSE to enga	e in any lawful act or activity for	
purpose for which	the corporation is organized is:	e in any lawful act or activity for	·
ich comorations mi	av ne organized.		
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number of shares o	of stock is:		
TICLE V INITI	AL OFFICERS AND/OR DIRECTORS David Rivers/DIRECTOR		
number of shares o	of stock is: AL OFFICERS AND/OR DIRECTORS David Rivers/DIRECTOR	Name and Title:	
number of shares o	AL OFFICERS AND/OR DIRECTORS David Rivers/DIRECTOR 13224 Holmwood Greens Place		
number of shares of shares of shares of shares of shares of the share and Tit	In stock is: [AL OFFICERS AND/OR DIRECTORS] David Rivera/DIRECTOR 12324 Holmwood Greens Place Riverview, FL 33579	Name and Title: Address:	
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			"ME: 25	
Name a	nd Title:	Name and Title:		
Addres	5	Address:		
ARTICLE VI The name and h	REGISTERED AGENT brida street address (P.O. Box NOT acceptable) David Rivera	c) of the registered agent is:		
Name:	12324 Holmwood Greens Place	 .		
Address:				
	Riverview, FL 33579			
ARTICI F VII	INCORPORATOR			
	ddress of the Incorporator is:			
	David Rivera			
Name:	12324 Holmwood Greens Place			
Address:	Riverview, FL 33579			
		···		
Effective date, if	EFFECTIVE DATE: 7/22/2019 Other than the date of filing:	(OPTIONAL)		
(If an effective of days after the fl	date is listed, the date must be specific and ca ling.)	nnot be more than tive business (days prior or 90 business	
Note: If the date	inserted in this block does not meet the applications are date on the Department of State's recor	ble statutory filing requirements, the description of the statutory filing requirements, the statutory filing requirements and the statutory filing requirements.	his date will not be listed as	
Having been nai	med as registered agent to accept service of pro um tamiliar with and accept the appointment as	cess for the above stated corporati registered agent and agree to act i	on at the place designated in in this capacity	
X	1-5-1		X July 22,2019	
	Required Signature/Rugistered Agent		Date	
I submit this doc	cument any faffirm that the facts stated herein to proper and State constitutes a third degree for	ure true. I am aware that the false clony as provided for in s.817.155,	e information submitted in a F.S.	
V-1.)	J-C/D		× 1-1,22,2019	
Roll	ved Signadare/Ingorporato	· · · · · · · · · · · · · · · · · · ·	Date	