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(Document Number)				
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COVER LETTER

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

SUBJECT: INNOV	ANTY USA, INC			
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	JDE SUFF <u>IX</u>)	
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	l a check for:	
\$70.00	\$78.75	□ \$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
			Status	
		ADDITIONAL CO		
FROM:	HWINLJAIN			
	Nam	e (Printed or typed)		
576	SUNSET DR., WEST			
	Address			
	WI TON GEODGIA AND			
HAI	MILTON, GEORGIA 31811			
	•	, State & Zip		
	706 / 326 - 6 Daytime 1	006	711/18	
	Daytime 1	l'elephone number		
JAII	NMEDIATION@YAHOO.COM			
	E-mail address: (to be use	ed 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)

	AL OFFICE ncipal <u>street</u> address	Mailin	g address, if different is:
2700 WELAUNEE BLVD. UNIT 708		576 SUNSET DR., WEST	
ALLAHASSEE, FL 3230	8	HAMILTON, C	A 31811
e purpose for which the c	corporation is organized is:	eles	
			· · · · · · · · · · · · · · · · · · ·
RTICLE IV SHARES e number of shares of stoc	ck is: 100 OFFICERS AND/OR DIRECTORS		2018 AUG 15 P
Name and Title:	SHWINI JAIN, CEO	Name and Title:	70 70
	SHWINI JAIN, CEO 6 SUNSET DR., WEST		PM 12 94
Address 57	A SHINGET DR. WEST		#12 84 Fr. 1910
Address 57	6 SUNSET DR., WEST	Address:	
Address 57 H. Name and Title:	6 SUNSET DR., WEST AMILTON, GA., 31811	Address: Name and Title: Address:	<u> </u>

Name a	nd Title:	Name and Title:
Addres	ss	Address:
ARTICLE VI	REGISTERED AGENT	
Name:	Iorida street address (P.O. Box NOT acceptable LINDA F. TRAMMELL	of the registered agent is:
Address:	2700 WELAUNEE BLVD, UNIT 708	
	TALLAHASSEE, FL., 32308	<u> </u>
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	ddress of the Incorporator is:	
Name:	ASHWINI JAIN	-
Address:	576 SUNSET DR. WEST	
	HAMILTON, GA 31811	
Effective date, if	EFFECTIVE DATE: Tother than the date of filing: Late is listed, the date must be specific and can	(OPTIONAL) not be more than five days prior or 90 days after the
Note: If the date the document's e	inserted in this block does not meet the applicab ffective date on the Department of State's records	e statutory filing requirements, this date will not be listed as
Having been nan this certificate, I	um jumiliar with and accept the appointment as r	40/
	Required Signature/Registered Agent	/ / Date /
I submit this doc document to the i	ument and affirm that the facts stated herein ar Department of State constitutes a third degree felo '	e true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.
As	red Signature/Incorporator	<u>8-13-19</u>
✓ Kequi	red Signature/Incorporator	Date