(Requestor's Name)				
·` (Address)				
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	(City/State/Zip/Phone #)			
PICK-U	P WAIT MAIL			
(Business Entity Name)				
	(Document Number)			
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K. Brumbley

## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 8/30/2019	_
	**WALK IN**
ENTITY NAME A Noth	er Block Co. Inc
DOCUMENT NUMBER	
DOGGNENT NONBER	
	**PLEASE FILE THE ATTACHED AND RETURN**
XXXX	Plain Copy
	Certified Copy
	Certificate of Status
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments
	Certificate of Good Standing
	Cert. Copy of Restated Arts & Amends if available. If not provide Cert. Copy of Arts & Amends.
	**APOSTILLE' / NOTARIAL CERTIFICATION**
COUNTRY OF DESTINA	TION
NUMBER OF CERTIFICA	TES REQUESTED
TOTAL OWED 70.00	СНЕСК # <sup>6554</sup>
Please call Tina at i	the above number for any issues or concerns. Thank you so much!

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

<u>URTICLE II PRI</u>	NCIPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:
115 Applewood Dr.	· • • • • • • • • • • • • • • • • • • •		
Greenacres, FL 3346	3		
ARTICLE III PUR The purpose for whic	POSE h the corporation is organized is:  Any and	all lawful business.	
			7019 SEC
			HE S
			SEE AA
ARTICLE IV SHA			STATE LORIDA
IRTICLE V INIT	TAL OFFICERS AND/OR DIRECTORS		
ARTICLE V INIT	Dohorah Kay Posking Discotor	Name and Title	Deborah Kay Perkins, Secretary
	Dohorah Kay Posking Discotor	Name and Title	Deborah Kay Perkins, Secretary  115 Applewood Dr.
Name and Ti	itle: Deborah Kay Perkins, Director	<del>_</del>	
Name and Ti	Deborah Kay Perkins, Director  115 Applewood Dr.  Greenacres, FL 33463	Address:	115 Applewood Dr.  Greenacres, FL 33463
Name and Ti	Deborah Kay Perkins, Director  115 Applewood Dr.  Greenacres, FL 33463  Deborah Kay Perkins, President	Address:  Name and Title	115 Applewood Dr.  Greenacres, FL 33463
Name and Ti	Deborah Kay Perkins, Director  115 Applewood Dr.  Greenacres, FL 33463  Deborah Kay Perkins, President	Address:	115 Applewood Dr.  Greenacres, FL 33463  Deborah Kay Perkins, Treasurer
Name and Ti	Deborah Kay Perkins, Director  115 Applewood Dr.  Greenacres, FL 33463  Deborah Kay Perkins, President  115 Applewood Dr.  Greenacres, FL 33463  Deborah Kay Perkins, Vice President	Address: Name and Title: Address:	115 Applewood Dr.  Greenacres, FL 33463  Deborah Kay Perkins, Treasurer  115 Applewood Dr.
Name and Ti Address Name and Tit Address	Deborah Kay Perkins, Director  115 Applewood Dr.  Greenacres, FL 33463  Deborah Kay Perkins, President  115 Applewood Dr.  Greenacres, FL 33463  Deborah Kay Perkins, Vice President  115 Applewood Dr.	Address: Name and Title: Address:	115 Applewood Dr.  Greenacres, FL 33463  Deborah Kay Perkins, Treasurer  115 Applewood Dr.  Greenacres, FL 33463

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: Deborah Kay Perkins  Address:  115 Applewood Dr. Greenacres, FL 33463  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is: Name: Ed Tsuji Address:  187 E. Warm Springs Rd., Ste. B Las Vegas, NV 89119  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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 the appointment as registered agent and agree to act in this capacity  Address:  Required Signhure/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 \$2817.155, F.S.	Name a	nd Title:	Name and Title:
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  Deborah Kay Perkins  115 Applewood Dr.  Greenacres, FL 33463   ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Ed Tsuji  187 E. Warm Springs Rd., Ste. B  Las Vegas, NV 89119   ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of fling:  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filling.)  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 cardificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  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 2.817.155, F.S.  08/29/2019	Addres	\$	Address:
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The name and address of the Incorporator is:  Name:    Ed Tsuji	Address:	115 Applewood Dт.	
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D. W. I. S. W. A.			
Required Signature/Incorporator Date	Requ	ired Signature/Incorporator	Date