(Re	questor's Name)			
(Address)				
(Address)				
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

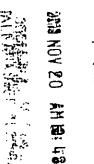
Office Use Only

CEO 1/6 2019 T. SCOTT



300337125453

11/20/16--007 **79.75



COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, F1. 32314

SUBJECT:		MORG		ORPORI	7 TIC	<u> </u>
	(PROPOS	ED CORPO	RATE NAM	E – <u>MUST INCL</u>	UDE SI	<u>JFFIX</u>)
Enclosed are an orig	inal and one (1)	copy of the	articles of in	ncorporation and	d a che	ck for:
\$70.00 Filing Fee	S78.75 Filing Fee & Certificate	of Status	Filir & C	78.75 ag Fee crtified Copy DITIONAL CO	Fil Ce & (Sta	\$87.50 ing Fee, rtified Copy Certificate of itus EQUIRED
FROM:	MICH Sq19	ALL No	MO	RGAN or typed)		
	5919		23 Address		5 T	
		Laui)	SERHLL ty, State & 2	E FLOR	IĎA	33313
		Daytim	954 Le Telephone	178 5580 number	, 0 	*·· -
_	E-mail addr			961@yal		Com

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)

The name of the corporation shall be:	1 MORGAN	CORPORATION
ARTICLE II PRINCIPAL OFFICE Principal street address		Mailing address, if different is:
5919 NW 23' STREET		
LAMBERHILL FLORIDA 33		
RTICLE III PURPOSE he purpose for which the corporation is organized is THE CORPORATION IS	ORGANIZED	び 70
PERFORM ROOFING	JOBS SULH	M INSTALLING
PERFORM ROOFING REPA	IRS AND	MAINTONANCE.
RTICLE IV SHARES the number of shares of stock is:		
PTICLE V INTELLORISE		
Name and Title: Michael Morgan		
Address <u>5919</u> NW 23	Name and Ti	tle:
Address Style NA AS	STRGST Address:	
CAUSCHILL P	WRIDA	
33313		
Name and Title:	Name and Ti	tle:
Address		NOV
		20
		₩. ≥
Name and Title:	Name and Ti	ile:
Address	Address:	

Name and Title:	»	lame and Title:		
Address	A	address:		
_				
-				
ABTICLE VI BECIETE	ERED ACUNT			
The name and Florida stre	eet address (P.O. Box NOT acceptable) of the	e registered agent is:		
Name: MC	HAEL MORGAN			
Address: Squ	1 NW 23 TREST			
LAU	MERHIL FLORIDA 3331	3		
ARTICLE VII INCORP	ORATOR			
The name and address of	the Incorporator is:			
	MICHAEL MORGAN			
Address: 5	919 NW 23rd STREET			
<u></u>	AUDERHILL FLORIDA 333	13 .		
ARTICLE VIII EFFECT Effective date, if other than (If an effective date is list filing.)	the date of filing:	. (OPTIONAL) e more than five days prior or 90 days after the		
Note: If the date inserted it the document's effective date	in this block does not meet the applicable sta ate on the Department of State's records.	tutory filing requirements, this date will not be listed as		
inis cerujicaie, i am jamini	ar with and accept the appointment as regist	r the above stated corporation at the place designated in ered agent and agree to act in this capacity		
Michael A	Required Stenature/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 s.817.155, F.S.				
Michael Required Signal	Mora con	10/25/2019		
		Date		