12/23/2019

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 Phone : (941)625-1925 Fax Number : (941)625-1526

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

Emsil Address: matsinger_taylor@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION Plastrd Inc

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Corporate Filing Menu

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Dec. 26,2519

2019-12-23 15:25 CST -

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

ARTICLE II PRIN			
Prir	ncipal <u>street</u> address	Mailing address, if diff	ferent is:
4059 Pine Cone	Ter	4059 Pine Cone Ter	
North Port, FL 34	286	North Port, FL 34286	
ARTICLE III PUR The purpose for which	h the corporation is organized is:		
			
			2019 T
			REC.
ARTICLE IV SHAR. The number of shares	ES of stock is: 100		EC 23
The number of shares	s of stock is: 100		DEC 23 PM 4
The number of shares ARTICLE V INITIA	of stock is: 100 LOFFICERS AND/OR DIRECTO	<u>PRS</u>	DEC 23 PM 4: 0' PETARY OF STAT
ARTICLE V INITIA Name and T	of stock is: 100 LOFFICERS AND/OR DIRECTO itle: William Freyer	PRS Name and Title:	PM 4: 0
The number of shares ARTICLE V INITIA	of stock is: 100 LOFFICERS AND/OR DIRECTO itle: William Freyer President	PRS Name and Title:	DEC 23 PM 4: 05 DETARY OF STATE
ARTICLE V INITIA Name and T	of stock is: 100 LOFFICERS AND/OR DIRECTO itle: William Freyer	PRS Name and Title: Address:	PM 4: 05 SSEE, FL
ARTICLE V INITIA Name and T Address	LOFFICERS AND/OR DIRECTO itle: William Freyer President 4059 Pine Cone Ter North Port, FL 34286	PRS Name and Title: Address:	PM 4: 05 SSEE, FL
ARTICLE V INITIA Name and T Address	t of stock is: 100 LOFFICERS AND/OR DIRECTO itle: William Freyer President 4059 Pine Cone Ter	Name and Title: Address: Name and Title:	PM 4: 05 SSEE, FL
ARTICLE V INITIA Name and T Address Name and T	LOFFICERS AND/OR DIRECTO itle: William Freyer President 4059 Pine Cone Ter North Port, FL 34286	Name and Title: Address: Name and Title:	PM 4: 05 SSEE, FL
ARTICLE V INITIA Name and T Address Name and T	LOFFICERS AND/OR DIRECTO itle: William Freyer President 4059 Pine Cone Ter North Port, FL 34286	Name and Title: Address: Name and Title:	PM 4: 05 SSEE, FL
ARTICLE V INITIA Name and T Address Name and T Address	LOFFICERS AND/OR DIRECTO itle: William Freyer President 4059 Pine Cone Ter North Port, FL 34286	Name and Title: Address: Name and Title: Address: Address:	PM 4: 05 SSEE, FL

2019-12-23 15:25 CST -

Name	and Title:	Name and Title:	
Addre	ess	Address:	
ABTIGLETA	PROCESSES AGENT	-	
	REGISTERED AGENT Florida street address (P.O. Box NOT a	exceptable) of the registered agent is:	
Name:	William Freyer		
Address:	4059 Pine Cone Ter		
	North Port, FL 34286	•	
ADTIC: CAN	I INCORDOR ATOR		
	INCORPORATOR address of the Incorporator is:		
Name:	William Freyer		
Address: 4059 Pine Con	4059 Pine Cone Ter		
	North Port, FL 34286		
ARTICLE VII	I EFFECTIVE DATE:	\$E \$E	_
Effective date, (If an effective	if other than the date of filing:	(OPTIONALS)	Th.
filing.)	•	AHT.	
	te inserted in this block does not meet the a document's effective date on the Department	applicable statutory filing requirements, this date will not	
	and the separation of the separation		
Having been na this certificate,	med as registered agent to accept service of pro I am familiar with and accept the appointment	ocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity.	, <u>2</u>
	Hele The	- · · · · · · · · · · · · · · · · · · ·	31
IM.	Milla Heren	12/23/2019	
	Required Signature Registered Agent	Date	
I submit this do	cument and affirm that the facts stated herein Department of State constitutes a third degree	are true. I am aware that the false information submitted in a efelony as provided for in s.817.155. F.S.	
	Mille Tues	12/23/2019	
	Required Signature/Incorporator	Datc	