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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 --- ... ACCOUNT NO. : I2000000195 REFERENCE: 140137 8156771 AUTHORIZATION : COST LIMIT : ORDER DATE: January 14, 2020 ORDER TIME : 11:44 AM ORDER NO. : 140137-005 CUSTOMER NO: 8156771 DOMESTIC FILING NAME: IGWANNA INC. EFFECTIVE DATE: XX \_\_ ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP \_\_\_\_ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS:

## **COVER LETTER**

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

SUBJECT:	IGWANN'A INC	···			
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:		
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fce & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status		
		ADDITIONAL CO			
FROM:	WILLIAM DERMO Name 6526 South	Cly TV (Printed or typed) 1 KANNER Hwy ddress	Suite 305		
	Stungt, Hope City. S				
	973-300-9242 ext 103  Daytime Telephone number				
	<i>Bdermody &amp; tec</i> E-mail address: (to be used				
	===:::55: (:2 00 4004	ior ratare aimaar report ne	mineation)		

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 cor	$\frac{ME}{DOING}$ poration shall be: $IGUANNADNC$		
<u>6526 S</u>	UNCIPAL OFFICE Principal <u>street</u> address OUTH KANNER HWY	Mailing address, 104 ThemARIST	f different is:
		SPARta, NJ	07871
STUART F	HORIDA 34997		
ARTICLE III PU The purpose for whi	RPOSE ich the corporation is organized is:	AWtul purpose	
			2020
			JAN 14
ARTICLE IV SH. The number of shares			ANII: 25
	TIAL OFFICERS AND/OR DIRECTORS Fille: William Democky TV President	I Trasurcie Name and Title:	
Address	104 DEMATERST ROSE		
	Spanta NJ 07871		<u></u>
Name and Ti	tle: William Dermany III, VIN Pla	Sight of Name and Title:	
Address	6526 South KANKIN Hay		
	Stuart Florida 34997		
Name and Ti	Ile: TARA BOTAREIII, SecretAR	Name and Title:	
Address	104 Drmgars/ Road	Address:	
	Sparta NJ 07871		<del></del>

Name a	nd Title:	Name and Title:
Addres	es	Address:
		<u> </u>
	REGISTERED AGENT	
The <u>name and I</u>	Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:
Name:	Corporation Service Company	
Address:	1201 Hays Street	<u></u>
	Tallahassee, FL 32301	
<u>ARTICLE VII</u>	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name:	WILLIAM DERMERY TIL	<del></del>
Address:	WILLIAM DERMODY IV. 104 DEMARKST RUAD	·
	SpARta NJ 07871	_
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, if (If an effective d	other than the date of filing:	. (OPTIONAL) not be more than five days prior or 90 days after the
filing.)	·	and provide the same time
Note: If the date the document's e.	inserted in this block does not meet the applicable fective date on the Department of State's record	ole statutory filing requirements, this date will not be listed as is.
this certificates Le	im familiar with and accept the appointment as i	ess for the above stated corporation at the place designated a registered agent and agree to act in this capacity,
Corporation Se	Kadesh, Asst. Vic	Roberson e President
= 1   XCX	Required Signature/Registered Agent	Date
I submit this doci	ument and affirm that the facts stated herein as Department of State constitutes a third degree felo	re true. I am aware that the false information submitted in ony as provided for in s.817.155, F.S.
1/2		1/:1/200
Requir	red Signature/Incorporator	

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