Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

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: (813)435-3176

Fax Number

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FLORIDA PROFIT/NON PROFIT CORPORATION :

William Agosto Inc

Certificate of Status	0
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Page Count	03
Estimated Charge	\$70.00

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FEB 1 7 2000

FEB 1 7 2020

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

N. Central Ave	CIPAL OFFICE Principal street address	Mailing addre	ess, if different is:
simmee, FL 3474	41	Kissimmee, F	L 34741
TIÇLE III PURP purpose for which	OSE the corporation is organized is:	ND ALL LEGAL BUSINESS	PURPOSE
· · · · · · · · · · · · · · · · · · ·			
			<u></u>
TICLE IV SHAR	RES 1000 COMMON STOCK AT .10 CENTS PA	JA VALUE	77 77
TICLE V INITE	AL OFFICERS AND/OR DIRECTORS	AR VALUE	7
TICLE V INITE	AL OFFICERS AND/OR DIRECTORS	IR VALUE Name and Title:	7
TICLE V INITE	AL OFFICERS AND/OR DIRECTORS		
Name and Titl	AL OFFICERS AND/OR DIRECTORS le: William Agosto D,P,S,T	Name and Title:	7)
Name and Titl Address	AL OFFICERS AND/OR DIRECTORS le: William Agosto D,P,S,T 2337 N. Central Ave	Name and Title: Address:	77 Ha 77 HO 07
Name and Titl Address	William Agosto D,P,S,T 2337 N. Central Ave Kissimmee, FL 34741	Name and Title: Address: Name and Title:	77 Ha 77 HO 07
Name and Title Name and Title	William Agosto D,P,S,T 2337 N. Central Ave Kissimmee, FL 34741	Name and Title: Address: Name and Title:	77 Ha 77 HO 07
Name and Title Address Name and Title Address	William Agosto D,P,S,T 2337 N. Central Ave Kissimmee, FL 34741	Name and Title: Address: Name and Title: Address:	77 14 77 10 07
Name and Title Address Name and Title Address	William Agosto D,P,S,T 2337 N. Central Ave Kissimmee, FL 34741	Name and Title: Address: Name and Title: Address: Name and Title:	77 14 77 10 07

Name and	d Title:	Name and Title:
Address		Address:
	<u> </u>	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	William Agosto	
Address:	2337 N. Central Ave	<u>7</u> 0
Additions.	Kissimmee, FL 34741	-
ARTICLE VII	<u>LNCORPORATOR</u>	`;
The <u>name and ac</u>	deress of the incorporator is:	·
Address:	William Agosto	. 67
Treate 33.	Kissimmee, FL 34741	_
Effective date, if	EFFECTIVE DATE: Other than the date of filing: date is listed, the date must be specific and car	
Note: If the date	: inserted in this block does not most the applicatificative date on the Department of State's recon	ble statutory filing requirements, this date will not be listed as
	ned as registered agent to accept service of proces familiar with and accept the appointment as regis	is for the above stated corporation at the place designated in thi stered agent and agree to act in this capacity
William Ag		02/14/2020
	Required Signature/Registered Agein	Date
I submit this document to the	cument and affirm that the facts stated herein to Department of State constitutes a third degree fe	are true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S.
William A	costo 11/11/2 - (1)	02/14/2020
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