Page 1 of 1

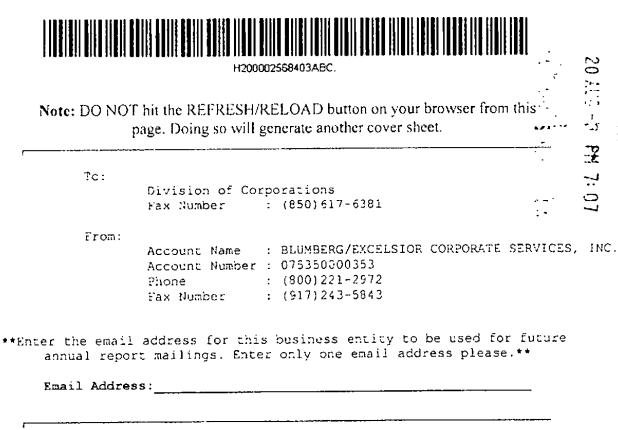
Division of Cor

Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION DW Febus, Inc.

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

			
ARTICLE II PRINCIPAL OFFICE Principal street address 5317 Satel Drive		Mailing add	dress, if different is:
Orlando FL 32810		Orlando FL 32810	
ARTICLE III PURA The purpose for which which corporations in	the corporation is organized is:	in any lawful act or activity for	
ARTICLE IV SHA The number of shares			
-	TAL OFFICERS AND/OR DIRECTORS Delma Iris Febus -PRESIDENT	Name and Title	20 (1)
	TAL OFFICERS AND/OR DIRECTORS tle: Delma Iris Febus -PRESIDENT 5317 Satel Drive		20 (1) 2
Name and Ti	Delma Iris Febus -PRESIDENT		20 (1) 2 2 2 1 1 0 7
Name and Ti	tle: Delma Iris Febus -PRESIDENT 5317 Satel Drive	Address:	5 O
Name and Ti	Delma Iris Febus -PRESIDENT 5317 Satel Drive Orlando FL 32810	Address: Name and Title: Address:	7. 0
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Name and Ti Address Name and Tit Address	Delma Iris Febus -PRESIDENT 5317 Satel Drive Orlando FL 32810	Address: Name and Title: Address: Name and Title:	5. O

Name a	nd Title:	Name and Title:	-
Addres	s	Address:	
ADTICLE VI	REGISTERED AGENT		N
	Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:	0
Name:	Delma Iris Febus		• • •
	5317 Satel Drive		
Address:Or	Orlando FL 32810		3
			·
	NICORDON (TOP)		07
ARTICLE VII	INCORPORATOR		
The name and a	address of the Incorporator is:		
Name:	Delma Iris Febus		
Address:	5317 Satel Drive		
	Orlando FL 32810		
Effective date i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and ca filing.)	(OPTIONAL nnot be more than five busine) ss days prior or 90 business
	te inserted in this block does not meet the applicate effective date on the Department of State's recon		s, this date will not be listed as
Having been no this certificate, i	med as registered agent to accept service of pro I am familiar with and accept the appointment a	ocess for the above stated corpor s registered agent and agree to a	ration at the place designated in act in this capacity
A said	rapa - A. Saphari		7-1.20
12 N. T	Required Signature/Registered Agent		() - (· 20 Date
I submit this do document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the f elony as provided for in s.817.1:	alse information submitted in a 55, F.S.
			2 1 2 5
BANK BANK	aired Signature/Incorporator		7 · (· 20
redi	auca signature/meorporator		8.7444