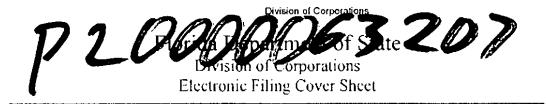
8/19/2020



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000286098 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

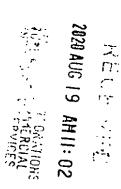
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FLORIDA PROFIT/NON PROFIT CORPORATION

Stubbs Holdings Group Of Companies, Inc

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corpora	Stubbs Holdings Group C	of Companies, Inc	
15 Nottingham Place Boymon Beach, Florid	CIPAL OFFICE Principal <u>street</u> address	Mailing address, if different	is
he purpose for which	OSE the corporation is organized is: Any legacity	gal activity / business management services	
			,
ARTICLE IV SH.4R The number of shares o	ES 2,000 f stock is:		·
(RTICLE V INITE	AL OFFICERS AND/OR DIRECTORS	<u>Y</u>	
Name and Titl		Name and Title:	
Address	15 Nottingham Place	Address:	.
	Boynton Beach, Florida 33426		
Name and Title	2:	Name and Title:	
Address		Address:	
Name and Title	s:	Name and Title:	
Address		Address:	

Name an	d Title: Name and T	Name and Title:	
Address	Address:		
	· · · · · · · · · · · · · · · · · · ·		
	REGISTERED AGENT		
Name:	lorida street address (P.O. Box NOT acceptable) of the registered NRAI Services, Inc.	agent is:	
Address:	1200 South Pine Island Road		
Address	Plantation, FL 33324.		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and a	<u>Idress</u> of the Incorporator is:		
Name:	Laughlin Associates, Inc.		
Address:	9120 Double Diamond Pkwy		
	Reno, NV 89521		
Effective date, if	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and cannot be more that	(OPTIONAL) in five days prior or 90 days after the	
	inserted in this block does not meet the applicable statutory fifin ffective date on the Department of State's records.	g (equirements, this date will not be listed as	
	med as registered agent to accept service of process for the above am familiar with and accept the appointment as registered agent		
NRA By:	l Services, Inc. Jeanifor Tasevoli Jennifer Tasevoli, Assistant Secretar	08/22/2020	
	Required Signature/Registered Agent	Date	
	rument and affirm that the facts stated herein are true. I am aw Department of State constitutes a third degree felony as provided		
	Brent Buscay, VP of Laughlin Associa	ntes, Inc. 08/22/2020	
Requ	red Signature/Incorporator	Date	