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.

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To:

**Division of Corporations** 

Fax Number : (850)617-6381

Fron

Account Name : REGISTERED AGENTS INC.

Account Number: 120090000081 Chone: (307)200-2803 Eax Number: (855)330-1010

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

Emai	il Adı	dress:	

## 2020 AUG 31 AM 8: 22

## FLORIDA PROFIT/NON PROFIT CORPORATION Barin Trade Inc

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

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

ARTICLE II PRINCIPAL OFFICE				
Principal street address	Mailing address, if differer	Mailing address, if different is:		
7901 4th St N	7901 4th St N	7901 4th St N		
STE 300	STE 300	STE 300		
St. Petersburg FL 33702	St. Petersburg FL 33702	St. Petersburg FL 33702		
ARTICLE III PURPOSE  The purpose for which the corporation is organized i	Any lawful business			
		2020		
		- E		
	·	<u>స్ట్రాల్లు</u> గ్లామ		
	,	日本 8: 22 日本 8: 22		
ARTICLE IV SHARES The number of shares of stock is: 100		22.		
The number of shares of stock is: 100  ARTICLE V INITIAL OFFICERS AND/OR DIA		7.6		
The number of shares of stock is: 100  ARTICLE V INITIAL OFFICERS AND/OR DIA	RECTORS  Name and Title:	76		
The number of shares of stock is: 100  ARTICLE V INITIAL OFFICERS AND/OR DID  Name and Title:		7.e		
The number of shares of stock is: 100  ARTICLE V INITIAL OFFICERS AND/OR DID  Name and Title:	Name and Title:	7.e		
The number of shares of stock is: 100  ARTICLE V INITIAL OFFICERS AND/OR DIA  Name and Title:  Address	Name and Title:			
The number of shares of stock is: 100  ARTICLE V INITIAL OFFICERS AND/OR DIA  Name and Title:  Address	Name and Title:  Address:  Name and Title:			
The number of shares of stock is: 100  ARTICLE V INITIAL OFFICERS AND/OR DIA  Name and Title:  Address  Name and Title:	Name and Title:  Address:  Name and Title:  Address:			
Name and Title:  Address  Name and Title:  Address  Address	Name and Title:  Address:  Name and Title:  Address:			

Name a	nd Title:	Name and Title:	
Addres	s		
ARTICLE VI The name and I	<u>REGISTERED AGENT</u> Torida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	Registered Agents Inc.		
Address:	7901 4th St N STE 300		
	St. Petersburg FL 33702		
ARTICLE VII	<u>INÇORPORATOR</u>		TILL THE 31 P
The name and a	ddress of the Incorporator is:		5 S 7
Name:	Riley Park		SOUTH TO
Address:	7901 4th St N STE 300		
	St. Petersburg FL 33702		8: 22
Effective date, i (If an effective filing.)  Note: If the date	EFFECTIVE DATE:  f other than the date of filing: date is listed, the date must be specific and e inserted in this block does not meet the apple	cannot be more than five days icable statutory filing requiremen	prior or 90 days after the
Having been no	amed as registered agent to accept service of plan familiar with and accept the appointment Registered Agents Inc. Bill Havre	process for the above stated corp	- · · · · · · · · · · · · · · · · · · ·
<u> </u>	Required Signature/Registered Age		Date
	ocument and affirm that the facts stated here Department of State constitutes a third degre	in are true. I am aware that the	
Ril	Tak.		8/11/20
Required Signature/Incorporator			Date