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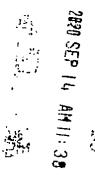
(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

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

SUBJECT:	BERNERAY SPRING, INC.			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:	
⊊ \$70.00 Filing Fec	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL COPY REQUIRED		
FROM:	CRICKTECH, LLC Nam	e (Printed or typed)		
	7901 4TH ST N, STE 300	Address		
	ST. PETERSBURG, FL 3 City	3702 . State & Zip		
	239-908-1312 Daytime 1	Felephone number		
	info@bernerayspring.com			

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

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

ICLE 1 NAME same of the corporation	n shall be: Berneray Spring, Inc.			
ICLE II PRINCIP				
Pr	incipal <u>street</u> address	Mailing a	ddress, if different is:	
7901 4TH ST N. STE	300	1361 Roya	Palm Square Blyd Ste 7	
ST. PETERSBURG.	FL 33702	Fort Mye	ort Myers, FL 33919	
purpose for which the	<u>E</u> corporation is organized is: <u>Any</u>	and all lawful business.		
			SE SE	
,				
			<u>ラガ で</u> 音が 幸	
			E. FL	
	OFFICERS AND/OR DIRECTORS Cricktech, LLC - President			
Address	7901 4TH ST N, STE 300	Address:		
_	C. D. J. El 22702			
	St. Petersburg, FL 33702			
Name and Title:		Name and Title:		
		Address:		
		Address:		
Address		Address:		
Address		Address: Name and Title:		

Name and	d Title:	Name and Title:		
· Address		Address:		
	REGISTERED AGENT orida street address (P.O. Box NOT acceptab	le) of the registered agent is:	S 22	
Name:	Christopher T. Erich, Esq.	·	TACK TO S	<u> </u>
Address:	ERICH LAW, PLLC		TA P	\$ }
V (23) V.	7065 Venice Way # 3004 Naples, FL 34119		200 SEP II, PMI2: 05 SECRETARY OF STAT TALLAHASSEE, FL	1
ARTICLE VII	INCORPORATOR		HZ: 05 EE, FL	المحددة المحددة
The name and ad	dress of the Incorporator is:		m	
Name:	Sean Rowland			
Address:	8042 Silver Birch Way			
	Lehigh Acres, FL 33971			
Effective date, if (If an effective d	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and c	(OPTIONAL) annot be more than five days prior	r or 90 days after the	
	inserted in this block does not meet the appli ffective date on the Department of State's rec-			s
	ned as registered agent to accept service of proc amiliar with and accept the appointment as re			is
1 lu	ERICH LAW, PLLO		09/14/2020	
	Required Signature/Registered Agent		Date	
	ument and affirm that the facts stated herein Department of State constitutes a third degree			a
5XX	M/L		09/14/2020	
Required Signatu	re/Incorporator	Date	VALACEA	