P200000 82757

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

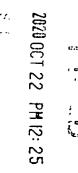


700354059797

10/23/20--01003--007 **70.00



C RICO 0CT 2 2 2020



CORPORATE

When you need ACCESS to the world

ACCESS,

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

	I	PICK UP:				
		ick up:	10/22/2020			
	CERTIFIED COPY	<i>?</i>				
жx	РНОТОСОРУ	•				
	CUS					
хх	FILING	INC				
	CORPORATE NAME AND D	·				
(CORPORATE NAME AND D	OCUMENT #)				
((CORPORATE NAME AND D	OCUMENT #)				
((CORPORATE NAME AND D	OCUMENT #)		 .		

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

	NAME corporation shall be:	Kozlowski	Enterprises, Inc.		
<u>ARTICLE II</u>	PRINCIPAL OFFICE Principal street addr	ess	,	Mailing address, if diffe	rent is:
	s Landing Road tine, FL 32095			МЕ	
ARTICLE III The purpose for	PURPOSE which the corporation is org	anized is: Poo	I and Spa Clear	ing and Repairs	
					2020 0C1
ARTICLE IV The number of si	SHARES hares of stock is: 10,00	00,000		LARASK	22
	INITIAL OFFICERS AND	•			<u>12</u>
Name a	Aaron S. Ko St. Augustine	anding Road	Name and Title: Address:	President/Dire	ctor 🗸
Name ar Address	201 Stokes L	Kozlowski Landing Road e, FL 32095	Name and Title: Address:	Secretary/Tre	
	nd Title:				
Address			Audress.		

Name and Title:		Name and Title:		
· Address		Address:		
	REGISTERED AGENT			
The name and Fl	lorida street address (P.O. Box NOT acceptable)	of the registered agent is:		
Name:	Aaron S. Kozlowski			
Address:	201 Stokes Landing Road			
	St. Augustine, FL 32095	_		
ARTICI E VII	<u>INCORPORATOR</u>			
				
ine <u>name and ad</u>	idress of the Incorporator is:			
Name:	Aaron S. Kozlowski	_		
Address:	201 Stokes Landing Road			
	St. Augustine, FL 32095			
Effective date, if	EFFECTIVE DATE: other than the date of filing: nte is listed, the date must be specific and can	. (OPTIONA not be more than five days		
	inserted in this block does not meet the applicab ffective date on the Department of State's record		ents, this date will not be listed as	
Having been nam certificate, I am fo	ned as registered agent to accept service of process amiliar with and accept the appointment as regist	for the above stated corpord ered agent and agree to act	ution at the place designated in this in this capacity	
Lower	2 Cc		10/22/2020	
Aaron S. Kozl	owski Required Signature/Registered Agent	· · · · · · · · · · · · · · · · · · ·	Date	
	ument and uffirm that the facts stated herein ar			
document to the L	Department of State constitutes a third degree felo	ony as provided for in s.817.	155, F.S.	
11-1-			10/22/2020	
Réquired Signatu	and the second s		Date	
Aaron S. Koz	lowski			