To:

Floritor Department of State

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Local Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : V & M LEGAL SERVICES INC

Account Number : I20200000157 Phone : (305)927-3624 Fax Number : (305)230-3872

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

Email Address: vargas.medina@advisersgroup.net

## FLORIDA PROFIT/NON PROFIT CORPORATION My Tool Box Inc

Certificate of Status	0
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Page Count	01
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107 - 3 PHI2: 11

Electronic Filing Menu

Corporate Filing Menu

Help

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

RTICLE I NAME	$\frac{E}{e^{tion shall be}}$ MY TOOLBOX SO	AL SIAOLTILIC	ıc	
ne name of the corpor	ation shall be: IVI TOOLBOX 30	DEUTIONS IN		_
RTICLE II PRIN				
500 There a lale	Principal street address	500 T	Mailing address, if different is:	<b>4</b> co.
500 Inree Isla	nd Boulevard #521 each, Florida 33009	_500 H	hree Island Boulevard ndale, Florida 33009	# 52
nalialidate be	each, Florida 55009	пана	nuale, Florida 33009	
	4-22	<del></del>		
RTICLE III PURP the purpose for which	POSE the corporation is organized is:			
Online Retail	Sale			
				ر_، د_،
		*** billibitus mussum titi		
				;
RTICLE IV SHAL	RES			
he number of shares o	of stock is: 100			·
RTICLE V INIT	IAL OFFICERS AND/OR DIRECTORS			
Name and Tit	<sub>lic:</sub> <u>Honey Moreno Jalambi Preside</u>	∩Name and Title:		
Address	500 Three Island Boulevard# 52	1 Address;		_
	Hallandale Begach, Florida 3300	9		
		-		
		-		
Name and Titl	e:	Name and Title;		
Address		_ Address:		_
		<b>-</b> .		
Name and Titl	le:	Name and Title:		
		<del>-</del>		

Name an	d Title:	Name and Title:
Address		Address:
	<u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Honey Moreno Jajambi	
Address:	500 Three Island Boulevard # 521	, ;
	Hallandale Beach, Florida 33009	-
<u>ARTICLE VII</u>	INCORPORATOR	,
The name and a	ddress of the Incorporator is:	· · ·
Name:	Honey Moreno Jalambi	
Address:	500 Three Island Boulevard # 521	
	Hallandale Beach, Florida 33009	
Effective date, it	EFFECTIVE DATE: Tother than the date of filing: 11/02/2020 date is listed, the date must be specific and cannot	. (OPTIONAL) t be more than five days prior or 90 days after the
	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
	med as registered agent to accept service of process f familiar with any accept the appointment as register	or the above stated corporation at the place designated in the ed agent and agree to act in this capacity
	Required Signature/Registered Agent	11/02/2020
		Date true. I am aware that the false information submitted in y as provided for in s.817.155, F.S.
	10_	11/02/2020
Required Signat	ure/Inco puls for	Date

11/3/2020 10:23:06 AM PAGE 1/001 Fax Server



November 3, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

V & M LEGAL SERVICES INC

SUBJECT: MY TOOL BOX INC

REF: W20000126673

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

## CONFLICT NUMBER L13000141721

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Lillie S Kervin FAX Aud. #: H20000379808 Regulatory Specialist II