P200000 86893

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
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| |

Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

| Date: November 06, | 2020_ | | | | |
|--------------------------------|--------------|--------------|--|--|--|
| Name: KEN HOW | <u>ELL</u> | | | | |
| Reference #: 128 | 36897 | | | | |
| Entity Name: MOORE REACH, INC. | | | | | |
| Articles of Incorporation | | | | | |
| Amendment | | | | | |
| Change of Agent | ISSUES? CALL | | | | |
| Reinstatement | | KEN: | | | |
| Conversion | | 518-213-0738 | | | |
| Merger | | | | | |
| ☐ Dissolution/Withdrawa | ı | | | | |
| Fictitious Name | | | | | |
| Other | | | | | |
| | | | | | |
| | | | | | |
| Authorized Amount: | \$70.00 | | | | |
| Signature: | | | | | |

•1.212.947.7200

- 852 3075 18A3

COVER LETTER

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

SUBJECT:

Moore Reach, Inc.

(PROPOSED CORPORÂTE NAME - MEST INCLUDE SUFFIS)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

__ \$70.00

× \$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

__ \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

| FROM: | Kim M. Walker |
|-------|----------------------------|
| _ | Name (Printed or typed) |
| | 5435 74th Place E |
| _ | Address |
| | Ellenton, FL 34222 |
| _ | City, State & Zip |
| | 305.632.1957 |
| _ | Daytime Telephone number |
| | kim.walker5435@outlook.com |

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

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

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

| ARTICLE I NAME The name of the corporation | on shall be: MOO | re Reach | ı, Inc. | . <u></u> . | |
|---|---------------------------------------|----------------|--|-------------|----------------|
| SATICLE II PRINCIPAL OFFICE 5435 74th Place E Ellenton, FL 3422 ARTICLE III PURPOSE The purpose for which the corporation is organized is: | | | | | |
| RTICLE II PRINCIPAL OFFICE 5435 74th Place E Ellenton, FL 3422 RTICLE III PURPOSE he purpose for which the corporation is organized is: | | | | | |
| | | | | | 2020 |
| | | | | | NOV |
| | | | | • | -9 |
| | | | | <u> </u> | <u> </u> |
| The number of shares of starticle V INITIAL | OFFICERS ANIVOR DIRECTORS | Name and Title | Michael D. Wa | | |
| | 5435 74th Place E | | 5435 74 | | |
| - | Ellenton, FL 34222 | - | Ellerttori | , FL J- | +222 |
| Name and Title:_ | | Name and Title | : | | |
| Address _ | | _ Address: | <u>. </u> | | - |
| - | | · | | | |
| Name and Title:_ | | Name and Title | · <u> </u> | | -ut |
| Address _ | | _ Address: | | | |
| - | · · · · · · · · · · · · · · · · · · · | - | ·· | | |

| Name and | Title: | Name and Title. | |
|--|---|---|-----------|
| Address | | Address: | |
| | | | |
| | | | |
| | | | |
| ARTICLE VI RI | <u>EGINTERED AGENT</u> rid <u>a street address (P</u> .O. Box NOT acceptable) o | f the registered agent 35° | |
| Name: | COGENCY GLOBAL INC. | · · | |
| Address: | 115 North Calhoun Street, Suite 4 | - <u> </u> - | |
| | Tallahassee, FL 32301 | _ | |
| · | | | |
| <u>ARTICLE VII. 18</u> | | | |
| The name and add | ress of the Incorporator is: Tina Fingl | | |
| Name: | | - | |
| Address: | 200 S. Wacker Drivie, Suite 1300 |) | |
| | Chicago, IL 60606 | - | |
| ARTICLE VIII - E | <u>EFFECTIVE DATE:</u> | | |
| Effective date, if of | her than the date of filing: | | the |
| (11 nn checave da) filing.) | te is fisted, the date must be specific and canno | if the minite times rive days prior or 20 days arees | |
| Note: If the date is | nserted in this block does not meet the applicable | statutory filing requirements, this date will not be | listed a |
| the document's effe | ective date on the Department of State's records. | | |
| Having been name | d as registered agent to accept service of process a familiar with and accept the appointment as reg | s for the above stated corporation at the place designificant and agree to put in this connection | gnatea |
| this certificate, 1 an | · | givered agent and agree to der in this capacity | . |
| puu | Required Signature/Registered Agent | | 20 |
| I silfinit this docu document to the De | | true, I am aware that the false information subm y as provided for in s.817.155, F.S. | iitted i |
| \mathcal{O} | mu Dinul | 11/06/20 |)20 |
| Require | d Signature/Incorporator | Date | |

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