

11/16/2020

Division of Corporations

P20000396096
 Florida Department of State
 Division of Corporations
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(((H20000396096 3)))



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To:

 Division of Corporations
 Fax Number : (850)617-6381

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 FLORIDA
 STATE
 DIVISION OF CORPORATIONS
 CERTIFIED
 BY

From:

 Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)208-0845

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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.**

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Farrugia Holdings, Inc.

NOV 17 2020

T. SCOTT

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

NOV 17 2020

T. SCOTT

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

ARTICLE I NAME

The name of the corporation shall be: Farrugia Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5710 N. Davis Highway, Suite 1

Pensacola, Florida 32503

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: the transaction of any or all lawful business for which a for-profit corporation may be formed under the Florida Statutes.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alan Farrugia, D.M.D., Director

Name and Title: Alan Farrugia, D.M.D., President

Address: 5710 N. Davis Highway, Suite 1

Address: 5710 N. Davis Highway, Suite 1

Pensacola, Florida 32503

Pensacola, Florida 32503

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2020 NOV 16 AM 10:21
FLORIDA STATE
CORPORATION
REGISTERED

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

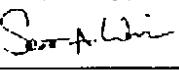
_____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, Florida 33324**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:Name: Alan Farrugia, D.M.D.
Address: 5710 N. Davis Highway, Suite 1
Pensacola, Florida 32503**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing. _____ (OPTIONAL)

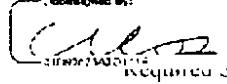
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

| | | | | |
|-----|-------------------------------------|---|-----------------------------|------------|
| By: | C T Corporation System |  | Scott A. White, Asst. Secy. | 11/16/2020 |
| | Required Signature/Registered Agent | | | Date |

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

| | | | |
|---|--|------------|------|
|  | _____ Required Signature/Incorporator | 11/16/2020 | Date |
|---|--|------------|------|