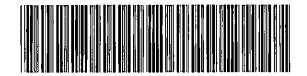
P20000094866

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

Office Use Only



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SUCREWAY SEE, FL

2029 DEC 10 PT 12: 38

N CON

Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

The Centre of Tallahassee

2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE, 12/10/2020

PRIORITY Routine

OUR REF # (Order ID#) 874983

ORDER ENTITY___ LETSCONNECT, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

LETSCONNECT, INC. (FL)

New corp filing

NOTES:

\$70.00 Authorized

Email address for annual report reminders: radiv@incserv.com

RETURN/FORWARDING INSTRUCTIONS:

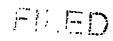
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.



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

2020 DEC 10 AN 9: 22

The name of the corpo	ration shall be: <u>LetsConnect</u>	t Inc.	SECRETARY OF STATE
ARTICLE II PRIN	Principal street address		Mailing address, if different is:
Minmi, Fl	33/30		
The purpose for which	POSE n the corporation is organized is: Arty		all lawful
	RES of stock is: 10,000 TAL OFFICERS AND/OR DIRECTORS		
		Name and Title:	Joseph Savasa, Prector
Address	936 SW 1st Ave	Address:	936 SW Ist Ave
	STF 409 Miami, Fl 33130		STE 409 Miumi, FL 33130
Name and Til	de: Joseph Sarasa, CFO	Name and Title:	40470177
Address	936 SW 1st Ave		
	STE 409		
	Miami, FL 33130		
Name and Ti	ule: Joseph Sarasa, Suceter	y Name and Title	
Address	936 SW 1st Ave	•	
	STE 409	_	
	Miami FL 33/30		

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2920 DEC 10	
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Name ar	nd Title:	Name and Title:	
Addres	s	Address:	
			4-7
	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Incorporating Services, Ltd.		
Address:	1540 Glenway Drive	·	40. 55
	Tallahassee, Florida 32301	_	1020 DEC TO AM 9º 22 SECRETARY OF STAT TALLARY OFFE, FL
ARTICLE VII	<u>INCORPORATOR</u>		C III
The name and a	uddress of the Incorporator is:		7 × 0 7/4 €
Name:	Victor Felix	··-	
Address:	744 S. Atlantic Blue	<u>/</u>	TATE
	Los Angeles CA 9002	2_	
Effective date, it	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and can	2. <u>のと /</u> (OPTIONAL) not be more than five days prion	r or 90 days after the
	e inserted in this block does not meet the applicab effective date on the Department of State's record		nis date will not be listed as
	med as registered agent to accept service of process familiar with and accept the appointment as regist		
Melina	Aun.		12/10/2020
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein as Department of State constitutes a third degree felo		
1/int	This		12-9-2020
Required Signat	ure/incorporator	Date	10 1 2000

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