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To:

Division of Corporations

Fax Number : (050)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (917)243-5843

Enter the email address for this business entity to be used for future $\overset{\leftarrow}{\omega}$. A annual report mailings. Enter only one email address please.**

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FLORIDA PROFIT/NON PROFIT CORPORATION

Hoistco Inc

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Help

	ARTICLI	ES OF INCORPO	RATION anter 621, F.S.	(Profit)	
ARTICLE I NAME The name of the corporati	In compliance with Charles in Shall be:				
ARTICLE II PRINC	IPAL OFFICE		Ma	ailing address, if o	tifferent is:
6934 My Lady's Way	Principal <u>street</u> address		6934 My La		
Waxhaw NC 28173			Waxhaw No	C 28173	
ARTICLE III PURPO The purpose for which the which corporations may	SE ne corporation is organized is: be organized.	to engage in any l	awful act or ac	tivity for	
		<u> </u>			
ARTICLE IV SHARE The number of shares of ARTICLE V INITIA Name and Title	stock is: IL OFFICERS AND/OR DIR Denise Lymn-President		_ ime and Title:_		
	6934 My Lady's Way	A	idress:		
	Waxhaw NC 28173		-		
		N	- ame and Title:		
Name and Title					
Address		A	ddress: _		
			-		·
			-		7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name and Title	2!	N	ame and Title:		· · · · · · · · · · · · · · · · · · ·
Address		A	ddress:	<u> </u>	

Name an	nd Title:	Name and Title:
Address		Address:
		<u> </u>
ARTICLE VI	REGISTERED AGENT	2112 of the registered graph is:
The name and I	Porida street address (P.O. Box NOT accep	igore) of the registered agent is.
Name:	Denise Lynus	
Address:	1178 S. Nova Rd	~~~
7100.000	Ormond Beach, FL 32174	2021 Jail - 4
ADTICLE [7]	INCORPORATOR	
The name and a	address of the Incorporator is:	
Name:	Denise Lymn	<u> </u>
Address:	6934 My Lady's Way	<u> </u>
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Waxhaw NC 28173	
Effective date, (If an effective days after the	filing.)	na cannot be more than 174 out and any
the document's	s effective date on the Department of State's	
Having been n this certificate,	named as registered agent to accept service. I am familiar with and accept the appointm	of process for the above stated corporation at the place designated in sent us registered agent and agree to uct in this capacity
		12/30/20
	Required Signature/Registered	Agent Date
I submit this d	document and affirm that the facts stated he Department of State constitutes a third de	rerein are true. I am aware that the false information submitted in a egree felony as provided for in s.817.155, F.S.
Re	quired Signature/Interporator	Date '