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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

**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 **COPPERKINGS INC**

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

•		
ARTICLE I NAME: The name of the corporation is:		
Copperkings Tuc		
ARTICLE II PRINCIPAL OFFICE:		 -
The principal street address and mailing address in		
2957 NW 245t Bay 3 Mianin	FI	
33142		•
RTICLE III SHARES: The number of shares of stock is:?C	0	•
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE	'Da	
PICHAID T CZETPMCHA (P)	RS:	2021
		HAR.
		- 26
		
	· ·	– [. ω
		
		_
ARTICLE V INITIAL REGISTERED AGENT AND STREET A	DDRESS	5 <u>:</u>
he name and Florida street address (PO Box not acceptable) of the registe	red agen	t is:
Z957 NW Z45+ Bay 3 Miami 1	=	_
53142		_
Richard + Czerencha		_
		-
RICHARD + (Zeremcha	itor is:	
2957 NW 245+ Bay 3 miami f	=1	
7-10 1 1000 7-0 1 1000 0 111101111 L	1	

Required Signatures:

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

Registered Agent 3-22-21

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.

Incorporator Date

2021 MAR 26 PK 4: 35